

**IC 25-33**  
**ARTICLE 33. PSYCHOLOGISTS**

**IC 25-33-1**

**Chapter 1. Regulation of Psychologists. Creation of Board**

**IC 25-33-1-1            Repealed**  
(Repealed by P.L.140-1993, SEC.20.)

**IC 25-33-1-1.1        Exempt Persons**

Sec. 1.1. (a) Except as provided in sections 3(g) and 14(e) of this chapter, this article exempts a person who does not profess to be a psychologist and who is:

- (1) a certified marriage and family therapist;
  - (2) a certified social worker or a certified clinical social worker;
  - (3) a minister, priest, rabbi, or other member of the clergy providing pastoral counseling or other assistance;
  - (4) a licensed or certified health care professional;
  - (5) a licensed attorney;
  - (6) a student, an intern, or a trainee pursuing a course of study in psychology in an accredited institution of higher education or training institution if the psychology activities are performed under qualified supervision and constitute a part of the person's supervised course of study or other level of supervision as determined by the board;
  - (7) an employee of or a volunteer for a nonprofit corporation or an organization performing charitable, religious, or educational functions, providing pastoral counseling or other assistance; or
  - (8) any other certified or licensed profession.
- (b) To be exempt under this article, a person described under subsection (a)(1), (a)(2), (a)(4), (a)(5), (a)(6), or (a)(8) must provide services:

- (1) within the person's scope of practice and training; and
- (2) according to any applicable ethical standards of the person's profession.

*As added by P.L.140-1993, SEC.7. Amended by P.L. 184-1997, SEC.1.*

**IC 25-33-1-2        Definitions**

Sec. 2. (a) As used in this article:

"Appraisal instrument" means:

- (1) a career and occupational instrument;
  - (2) an adaptive behavioral and symptom screening checklist;
- or
- (3) an inventory of interests and preferences;
- that is administered for the purpose of counseling individuals to cope with or adapt to changing life situations or to situations that are due to problems in living. The term includes marital, relational, communicational, parent and child, family system assessment instruments, and employment counseling.

"Board" means the state psychology board.

"Person" means an individual, firm, partnership, association, or corporation. "Practice of psychology" includes the following:

- (1) Construction, administration, and interpretation of tests of intellectual and cognitive abilities, aptitudes, skills, interests, attitudes, personality characteristics, perception, emotion, motivation, and opinion.
- (2) Diagnosis and treatment of mental and behavioral disorders by a health service provider in psychology.
- (3) Educational and vocational planning and guidance.

- (4) Personnel selection and management.
- (5) Arrangement of effective work and learning situations.
- (6) Resolution of interpersonal and social conflicts.
- (7) Techniques used in interviewing, counseling, psychotherapy, and behavior modification of individuals or groups.
- (8) Supervision of psychological services.
- (9) Teaching of any of the practices listed in this subsection.
- (10) The planning and conduct of research on human behavior.

"Psychological services" means acts or behaviors coming within the purview of the practice of psychology (as defined in this article).

"Recognized institution of higher learning" means any college, university, school, or similar educational establishment approved by the board for the purposes of this article.

"Bureau" means the health professions bureau under IC 25-1-5.

"Approved organization" means any organization or individual approved by the board.

"Continuing education course" means an orderly process of instruction that is designed to directly enhance the practicing psychologist's knowledge and skill in providing relevant psychological services, and that is approved by an approved organization.

(b) Nothing in this article shall be construed as permitting individuals licensed as psychologists to engage in any manner in the practice of medicine or optometry (as defined in the laws of this state).

(c) Nothing in this article shall be construed as permitting a psychologist to prescribe medication, unless a psychologist is participating in a federal government sponsored training or treatment program. An individual licensed as a psychologist may not prescribe medication unless the individual is a practitioner (as defined under IC 16-42-19-5).

*(Formerly: Acts 1969, c.416, s.2.) As amended by Acts 1981, P.L.222, SEC.243; P.L.249-1985, SEC.1; P.L. 169-1985, SEC.95; P.L.149-1987, SEC.94; P.L.140-1993, SEC.8; P.L.184-1997, SEC.2.*

**IC 25-33-1-3        Creation of board; powers and duties; expenses; approval of tests and instruments**

Sec. 3. (a) There is created a board to be known as the "state psychology board". The board shall consist of seven (7) members appointed by the governor. Six (6) of the board members shall be licensed under this article and shall have had at least five (5) years of experience as a professional psychologist prior to their appointment. The seventh member shall be appointed to represent the general public, must be a resident of this state, must never have been credentialed in a mental health profession, and must in no way be associated with the profession of psychology other than as a consumer. All members shall be appointed for a term of three (3) years. All members may serve until their successors are duly appointed and qualified. A vacancy occurring on the board shall be filled by the governor by appointment. The member so appointed shall serve for the unexpired term of the vacating member. Each member of the board is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of

administration and approved by the state budget agency.

(b) The members of the board shall organize by the election of a chairman and a vice chairman from among its membership. Such officers shall serve for a term of one (1) year. The board shall meet at least once in each calendar year and on such other occasions as it considers necessary and advisable. A meeting of the board may be called by its chairman or by a majority of the members on the board. Four (4) members of the board constitute a quorum. A majority of the quorum may transact business.

(c) The board is empowered to do the following:

(1) Establish reasonable application, examination, and renewal procedures and set fees for licensure under this article. However, no fee collected under this article shall, under any circumstances, be refunded.

(2) Adopt and enforce rules concerning assessment of costs in disciplinary proceedings before the board.

(3) Establish examinations of applicants for licensure under this article and issue, deny, suspend, revoke, and renew licenses.

(4) Subject to IC 25-1-7, investigate and conduct hearings, upon complaint against individuals licensed or not licensed under this article, concerning alleged violation of this article, under procedures conducted in accordance with IC 4-21.5.

(5) Initiate the prosecution and enjoinder of any person violating this article.

(6) Adopt rules which are necessary for the proper performance of its duties, in accordance with IC 4-22-2.

(7) Establish a code of professional conduct.

(d) The board shall adopt rules establishing standards for the competent practice of psychology.

(e) All expenses incurred in the administration of this article shall be paid from the general fund upon appropriation being made in the manner provided by law for the making of such appropriations.

(f) The bureau shall do the following:

(1) Carry out the administrative functions of the board.

(2) Provide necessary personnel to carry out the duties of this article.

(3) Receive and account for all fees required under this article.

(4) Deposit fees collected with the treasurer of the state for deposit in the state general fund.

(g) The board shall adopt rules under IC 4-22-2 to establish, maintain, and update a list of restricted psychology tests and instruments (as defined in section 14(b) of this chapter) containing those psychology tests and instruments that, because of their design or complexity, create a danger to the public by being improperly administered and interpreted by an individual other than:

(1) a psychologist licensed under IC 25-33-1-5.1;

(2) an appropriately trained mental health provider under the direct supervision of a health service provider endorsed under IC 25-33-1-5.1(c);

(3) a qualified physician licensed under IC 25-22-5;

(4) a school psychologist who holds a valid:

(A) license issued by the professional standards board under IC 20-1-1.4-2; or

(B) endorsement under IC 20-1-1.9; practicing within the scope of the school psychologist's license or endorsement; or

(5) a minister, priest, rabbi, or other member of the clergy providing pastoral counseling or other assistance.

(h) The board shall provide to:

(1) the social work certification and marriage and family therapists credentialing board; and

(2) any other interested party upon receiving the request of the interested party;

a list of the names of tests and instruments proposed for inclusion on the list of restricted psychological tests and instruments under subsection (g) at least sixty (60) days before publishing notice of intent under IC 4-22-2-23 to adopt a rule regarding restricted tests and instruments.

(i) The social work certification and marriage and family therapists credentialing board and any other interested party that receives the list under subsection (h) may offer written comments or objections regarding a test or instrument proposed for inclusion on the list of restricted tests and instruments within sixty (60) days after receiving the list. If:

(1) the comments or objections provide evidence indicating that a proposed test or instrument does not meet the criteria established for restricted tests and instruments, the board may delete that test from the list of restricted tests; and

(2) the board determines that a proposed test or instrument meets the criteria for restriction after reviewing objections to the test or instrument, the board shall respond in writing to justify its decision to include the proposed test or instrument on the list of restricted tests and instruments.

(j) This section may not be interpreted to prevent a licensed or certified health care professional from practicing within the scope of the health care professional's:

(1) license or certification; and

(2) training or credentials.

*(Formerly: Acts 1969, c.416, s.3.) As amended by Acts 1976, P.L.119, SEC.26; Acts 1977, P.L.172, SEC.49; Acts 1979, P.L.17, SEC.50; Acts 1981, P.L.222, SEC.244; P.L.249-1985, SEC.2; P.L.149-1987, SEC.95; P.L.140-1993, SEC.9; P.L.184-1997, SEC.3.*

#### **IC 25-33-1-4 Application for license**

Sec. 4. (a) Application for a license issued under this article shall be made to the board on such form and in such manner as the board shall prescribe. The applicant shall furnish satisfactory evidence of qualifications that are required under this article or by the board. Each applicant shall be notified in writing of the board's decision concerning the applicant's application within thirty (30) days after a decision has been reached.

(b) Upon approval by the board of an applicant's application for examination, a temporary license shall be issued by the board and shall be in force until the board has notified the applicant of the applicant's examination results. If an applicant fails to take the next scheduled examination, the applicant's temporary license is revoked without further action by the board. A temporary license may be issued only for an applicant's first application.

(c) The board may adopt rules under section 3 of this chapter establishing additional requirements for any applicant who has failed the examination three (3) or more times.

*(Formerly: Acts 1969, c.416, s.4.) As amended by P.L.249-1985, SEC.3; P.L.149-1987, SEC.96; P.L.140-1993, SEC.10.*

#### **IC 25-33-1-5 Repealed**

*(Repealed by P.L.249-1985, SEC.18.)*

**IC 25-33-1-5.1 Issuance of license; endorsement as health service provider in psychology; preceptorship program**

Sec. 5.1. (a) Except as provided in section 5.3 of this chapter, the board shall issue a license to an individual who meets the following requirements:

(1) Applies to the board in the form and manner prescribed by the board under section 3 of this chapter.

(2) Is at least eighteen (18) years of age.

(3) Has not been convicted of a crime that has a direct bearing upon the applicant's ability to practice competently.

(4) Possesses a doctoral degree in psychology:

(A) granted from an institution of higher learning recognized by the board; and

(B) from a degree program approved by the board as a psychology program at the time the degree was conferred.

(5) Is not in violation of this chapter or rules adopted by the board under section 3 of this chapter.

(6) Has paid the fee set by the board under section 3 of this chapter.

(7) Has passed the examination required and administered by the board.

(b) If an applicant has been disciplined by a licensing agency in another state or jurisdiction on the ground that the applicant was unable to competently practice psychology, the applicant must submit proof, satisfactory to the board, that the reasons for disciplinary sanction by the other licensing agency are no longer valid.

(c) The board shall endorse as a health service provider in psychology an individual who:

(1) has a doctoral degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology;

(2) is licensed under this section, section 5.3, or section 9 of this chapter;

(3) has at least two (2) years of experience in a supervised health service setting in which one (1) year of experience was obtained in an organized health service training program and in which at least one (1) year of experience was obtained after the individual received the individual's doctoral degree in psychology; and

(4) complies with the continuing education requirements under IC 25-33-2.

(d) An individual who received a doctoral degree in clinical psychology, counseling psychology, school psychology, or other applied health service area in psychology before September 1, 1983, may satisfy one (1) year of the two (2) year supervised health setting experience requirement under subsection (c) by successfully completing a preceptorship program. The individual must apply in writing to the board and the board must approve the program. The preceptorship program must:

(1) consist of at least one thousand eight hundred (1,800) hours of clinical, counseling, or school psychology work experience;

(2) consist of at least one hundred (100) hours of direct supervision of the individual by a psychologist, at least fifty (50) hours of which must involve the diagnosis of mental and behavioral disorders and at least fifty (50) hours of which must involve the treatment of mental and behavioral disorders;

(3) be completed in a health service setting that provides services in the diagnosis and treatment of mental and behavioral disorders;

(4) be under the supervision of a psychologist who meets the requirements for endorsement under this section; and

(5) be completed within two (2) years after the date the program is started.

(e) If an individual applies to the board under subsection (d), the board shall apply each hour of work experience the individual completes after applying to the board and before the board approves the preceptorship program to the one thousand eight hundred (1,800) hour work experience requirement under subsection (d)(1).

*As added by P.L. 249-1985, SEC. 4. Amended by P.L. 149-1987, SEC. 97; P.L. 152-1988, SEC. 27; P.L. 96-1990, SEC. 16; P.L. 33-1993, SEC. 68; P.L. 140-1993, SEC. 11; P.L. 1-1994, SEC. 128.*

**IC 25-33-1-5.3 Issuance of license**

Sec. 5.3. The board shall issue a license to an individual who:

(1) holds a limited license under section 18 of this chapter;

(2) applies to the board in the form and manner prescribed by the board;

(3) pays a fee;

(4) passes an examination on the state or federal statutes, state rules, and federal regulations that the board determines by rule to be relevant to the practice of psychology; and

(5) has practiced psychology continuously since September 1, 1985.

*As added by P.L. 96-1990, SEC. 17. Amended by P.L. 140-1993, SEC. 12.*

**IC 25-33-1-6 Repealed**

*(Repealed by P.L. 249-1985, SEC. 18.)*

**IC 25-33-1-7 Repealed**

*(Repealed by P.L. 249-1985, SEC. 18.)*

**IC 25-33-1-8 Repealed**

*(Repealed by P.L. 249-1985, SEC. 18.)*

**IC 25-33-1-9 Issuance of license by reciprocity; refusal to issue or issuance of probationary license; conditions**

Sec. 9. (a) The board shall issue a license to practice psychology to an individual who:

(1) applies in the manner required by the board;

(2) pays a fee;

(3) is at least eighteen (18) years of age;

(4) has not been convicted of a crime that has a direct bearing on the individual's ability to practice competently;

(5) holds, at the time of application, a valid license or certificate as a psychologist from another state;

(6) possesses a doctoral degree from a recognized institution of higher learning;

(7) has successfully completed:

(A) a degree program that would have been approved by the board at the time the individual was licensed or certified in the other state; or

(B) if the individual was licensed or certified in the other state before July 1, 1969, a degree program that satisfied the educational requirements of the board in effect January 4, 1971;

(8) has practiced psychology continuously since being licensed or certified;

(9) if the individual was licensed or certified by the other

state after September 30, 1972, has taken the Examination for the Professional Practice of Psychology and achieved the passing score required by the board at the time the examination was administered;

(10) has passed an examination administered by the board that covers Indiana law related to the practice of psychology; and

(11) is not in violation of this chapter or rules adopted under this chapter.

(b) The board may adopt rules under IC 4-22-2 concerning the issuance of a license under this section.

*(Formerly: Acts 1969, c.416, s.9.) As amended by Acts 1982, P.L.154, SEC.113; P.L.249-1985, SEC.5; P.L.149-1987, SEC.98; P.L.152-1988, SEC.28; P.L.96-1990, SEC.18; P.L.33-1993, SEC.69; P.L.140-1993, SEC.13; P.L.1-1994, SEC.129.*

#### **IC 25-33-1-10      Renewal of license**

Sec. 10. (a) A license issued under this article expires September 1 of each even-numbered year. A renewal fee established by the board under section 3 of this chapter must be paid by an applicant for renewal before the license expires.

(b) If the holder of an expired license fails to renew the license on or before the renewal date, the license expires and becomes invalid without any further action by the board.

(c) A license that expires and becomes invalid under this section may be renewed by the board up to three (3) years after the date of the expiration of the license if the applicant meets the requirements under IC 25-1-8-6.

(d) If a license has been invalidated under this section for more than three (3) years, the holder of the license may receive a new license from the board only if the holder:

(1) meets the requirements under IC 25-1-8-6; and

(2) passes an examination concerning state and federal laws that the board considers relevant to the practice of psychology.

(e) The board may adopt rules establishing requirements for reinstatement of a license invalidated for more than three (3) years under this section.

(f) An initial license issued under this article is valid for the remainder of the renewal period in effect on the date of issuance.

(g) The board may require a person who applies for a license under subsection (d) to appear before the board and explain the reason the person failed to renew the person's license.

*(Formerly: Acts 1969, c.416, s.10.) As amended by Acts 1982, P.L.154, SEC.114; P.L.249-1985, SEC.6; P.L.149-1987, SEC.99; P.L.48-1991, SEC.62; P.L.140-1993, SEC.14; P.L.269-2001, SEC.28.*

#### **IC 25-33-1-11      Repealed** *(Repealed by P.L.249-1985, SEC.18.)*

#### **IC 25-33-1-12      Prohibition against practice beyond psychologist's professional competence**

Sec. 12. A psychologist shall not offer to render, or render, services which are beyond the scope of that psychologist's competence, as determined by training and experience. The psychologist who engages in the practice of psychology shall assist each client in obtaining professional help for all relevant aspects of the client's problem that fall outside the boundaries of the psychologist's own competence.

*(Formerly: Acts 1969, c.416, s.12.) As amended by Acts 1982, P.L.154, SEC.116; P.L.249-1985, SEC.7.*

#### **IC 25-33-1-13      Repealed** *(Repealed by Acts 1981, P.L.222, SEC.296.)*

#### **IC 25-33-1-13.1      Repealed** *(Repealed by P.L.152-1988, SEC.30.)*

#### **IC 25-33-1-14      Unlicensed practice prohibited**

Sec. 14. (a) This section does not apply to an individual who is:

(1) a member of a teaching faculty, at a public or private institution of higher learning for the purpose of teaching, research, or the exchange or dissemination of information and ideas as an assigned duty of the institution;

(2) a commissioned psychology officer in the regular United States armed services;

(3) licensed by the professional standards board (established by IC 20-1-1.4-2) as a school psychologist and using the title "school psychologist" or "school psychometrist" as an employee of a school corporation; or

(4) endorsed as an independent practice school psychologist under IC 20-1-1.9.

(b) As used in this section, "restricted psychology test or instrument" means a measurement instrument or device used for treatment planning, diagnosing, or classifying intelligence, mental and emotional disorders and disabilities, disorders of personality, or neuropsychological, neurocognitive, or cognitive functioning. The term does not apply to an educational instrument used in a school setting to assess educational progress or an appraisal instrument.

(c) It is unlawful for an individual to:

(1) claim that the individual is a psychologist; or

(2) use any title which uses the word "psychologist", "clinical psychologist", "Indiana endorsed school psychologist" or "psychometrist", or any variant of these words, such as "psychology", or "psychological", or "psychologic"; unless that individual holds a valid license issued under this article or a valid endorsement issued under IC 20-1-1.9.

(d) It is unlawful for any individual, regardless of title, to render, or offer to render, psychological services to individuals, organizations, or to the public, unless the individual holds a valid license issued under this article or a valid endorsement issued under IC 20-1-1.9 or is exempted under section 1.1 of this chapter.

(e) It is unlawful for an individual, other than:

(1) a psychologist licensed under IC 25-33-1-5.1;

(2) an appropriately trained mental health provider under the direct supervision of a health service provider endorsed under IC 25-33-1-5.1(c);

(3) a qualified physician licensed under IC 25-22.5;

(4) a school psychologist who holds a valid:

(A) license issued by the professional standards board under IC 20-1-1.4-2; or

(B) endorsement under IC 20-1-1.9; who practices within the scope of the school psychologist's license or endorsement; or

(5) a minister, priest, rabbi, or other member of the clergy providing pastoral counseling or other assistance; to administer or interpret a restricted psychology test or instrument as established by the board under IC 25-33-1-3(g) in the course of rendering psychological services to individuals, organizations, or to the public.

(f) This section may not be interpreted to prevent a licensed or certified health care professional from practicing within the scope of the health care professional's:

- (1) license or certification; and
- (2) training or credentials.

*(Formerly: Acts 1969, c.416, s.14.) As amended by Acts 1981, P.L.222, SEC.248; P.L.249-1985, SEC.9; P.L.149-1987, SEC.101; P.L.140-1993, SEC.15; P.L.153-1996, SEC.3; P.L.184-1997, SEC.4.*

#### **IC 25-33-1-15          Violations**

Sec. 15. A person who violates section 14 of this chapter commits a Class A misdemeanor.

*(Formerly: Acts 1969, c.416, s.15.) As amended by Acts 1978, P.L.2, SEC.2556; P.L.249-1985, SEC.10.*

#### **IC 25-33-1-16          Injunctions; contempt; criminal prosecution**

Sec. 16. The attorney general, the prosecuting attorney, the board, or any citizen of any county where any person shall be engaged in the violation of this article, may, in accordance with the laws of the state of Indiana governing injunctions, maintain an action in the name of the state of Indiana to enjoin such person from continuing in violation of this article. Any person having been so enjoined who shall violate such injunctions shall be punished for contempt of court. An injunction issued under this section shall not relieve any such person from criminal prosecution thereof as provided for in this article, but such remedy by injunction shall be in addition to any remedy provided for the criminal prosecution of such offense.

*(Formerly: Acts 1969, c.416, s.16.) As amended by Acts 1982, P.L.154, SEC.117; P.L.249-1985, SEC.11.*

#### **IC 25-33-1-17          Privileged communications; exceptions**

Sec. 17. A psychologist licensed under this article may not disclose any information acquired from persons with whom the psychologist has dealt in a professional capacity, except under the following circumstances:

(1) Trials for homicide when the disclosure relates directly to the fact or immediate circumstances of said homicide.

(2) Proceedings the purpose of which is to determine mental competency, or in which a defense of mental incompetency is raised.

(3) Actions, civil or criminal, against a psychologist for malpractice.

(4) Upon an issue as to the validity of a document such as a will of a client.

(5) If the psychologist has the expressed consent of the client or subject, or in the case of a client's death or disability, the express consent of the client's legal representative.

(6) Circumstances under which privileged communication is abrogated under the laws of Indiana.

*(Formerly: Acts 1969, c.416, s.17.) As amended by Acts 1982, P.L.154, SEC.118; P.L.249-1985, SEC.12; P.L.140-1993, SEC.16.*

#### **IC 25-33-1-18          Issuance of limited license to holders of certificate under repealed section; restrictions; discipline**

Sec. 18. (a) The state psychology board shall issue a limited license to practice psychology to any individual who held a basic certificate under IC 25-33-1-5 before its repeal on June 30, 1985.

(b) The holder of a basic certificate issued under IC 25-33-1-5, before its repeal on June 30, 1985, may not render or offer to render psychological services to any person for a fee under circumstances that the limited license holder assumes full responsibility and liability for the conduct and conditions of the offered services.

(c) An individual who holds a limited license under this section may be disciplined by the board under IC 25-1-9.

*As added by P.L.149-1987, SEC.102. Amended by P.L.152-1988, SEC.29; P.L.140-1993, SEC.17*

#### **IC 25-33-2 Chapter 2. Continuing Education**

##### **IC 25-33-2-1          Application**

Sec. 1. This chapter applies only to a licensed psychologist who has received a health service provider endorsement under IC 25-33-1-5.1(c).

*As added by P.L.140-1993, SEC.18.*

##### **IC 25-33-2-2          Required hours and courses**

Sec. 2. (a) Except as provided in subsection (b), a licensed psychologist must complete at least forty (40) hours of continuing education courses each license period.

(b) A psychologist who has been licensed for less than two (2) years preceding the application for renewal must complete the number of credit hours established by the board.

(c) During a license period, a psychologist may not earn more than twenty (20) credit hours toward the requirements under this section for continuing education courses that include the following:

(1) Journal clubs, colloquia, invited speaker sessions, in-house seminars, and case conferences that are specifically designed for training or teaching.

(2) Programs offered at professional or scientific meetings that are relevant to psychology.

(3) Individualized learning, including approved audio and video instructional programs and formal professional supervision. Individualized learning does not include administrative supervision.

(d) During a license period, a psychologist must earn at least twenty (20) credit hours toward the requirements under this section for continuing education courses that include the following:

(1) Formally organized courses.

(2) Workshops.

(3) Seminars.

(4) Symposia.

(5) Post doctoral institutes.

(6) Home study programs, including approved computer, audio, and video instructional programs, designed by board approved organizations and subject to board verification and approval procedures, not to exceed ten (10) credit hours per license period.

*As added by P.L.140-1993, SEC.18. Amended by P.L.177-1997, SEC.4.*

##### **IC 25-33-2-3          Records**

Sec. 3. For each continuing education course attended, each psychologist shall retain:

(1) a record of the number of hours spent in that continuing education course;

(2) the subject matter presented;  
(3) the name of the sponsoring approved organization; and  
(4) verification of attendance;  
for five (5) years.  
*As added by P.L.140-1993, SEC.18.*

**IC 25-33-2-4 Random audits; verification of attendance**

Sec. 4. (a) Subject to IC 25-1-4-3, every two (2) years the board shall randomly audit licensed psychologists to ensure compliance of the continuing education requirement.  
(b) When requested by the board, a psychologist shall provide the board with a copy of each verification of attendance retained by the psychologist for the previous three (3) years.  
*As added by P.L.140-1993, SEC.18. Amended by P.L.269-2001, SEC.29.*

**IC 25-33-2-5 Monitoring of courses; rules**

Sec. 5. (a) A member of the board may attend or monitor a continuing education course.  
(b) An approved organization shall provide the board with course information or materials requested by the board.  
(c) The board shall adopt rules under IC 4-22-2 to implement this chapter.  
*As added by P.L.140-1993, SEC.18.*

**IC 25-1-4 Continuing Education**

**IC 25-1-4-0.3**

**"Board" defined**

Sec. 0.3. As used in section 3 of this chapter, "board" means any of the following:

- (1) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (2) Indiana athletic trainers board (IC 25-5.1-2-1).
- (3) Board of chiropractic examiners (IC 25-10-1).
- (4) State board of dentistry (IC 25-14-1).
- (5) Indiana dietitians certification board (IC 25-14.5-2-1).
- (6) Indiana state board of health facility administrators (IC 25-19-1).
- (7) Committee on hearing aid dealer examiners (IC 25-20-1-1.5).
- (8) Indiana hypnotist committee (IC 25-20.5-1-7).
- (9) Medical licensing board of Indiana (IC 25-22.5-2).
- (10) Indiana state board of nursing (IC 25-23-1).
- (11) Occupational therapy committee (IC 25-23.5).
- (12) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (13) Indiana optometry board (IC 25-24).
- (14) Indiana board of pharmacy (IC 25-26).
- (15) Indiana physical therapy committee (IC 25-27-1).
- (16) Physician assistant committee (IC 25-27.5).
- (17) Board of podiatric medicine (IC 25-29-2-1).
- (18) Board of environmental health specialists (IC 25-32).
- (19) State psychology board (IC 25-33).
- (20) Respiratory care committee (IC 25-34.5).
- (21) Speech-language pathology and audiology board (IC 25-35.6-2).

*As added by P.L.269-2001, SEC.2.*

**IC 25-1-4-0.6**

**"Practitioner" defined**

Sec. 0.6. As used in section 3 of this chapter, "practitioner" means an individual who holds:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by the board regulating the profession in question.

*As added by P.L.269-2001, SEC.3.*

**IC 25-1-4-1**

**Requirement**

Sec. 1. No board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may require continuing education as a condition of certification, registration, or licensure unless so specifically authorized or mandated by statute.

*As added by Acts 1981, P.L.222, SEC.1.*

**IC 25-1-4-2**

**Promotion**

Sec. 2. A board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may cooperate with members of the profession or occupation it regulates to promote continuing education within the profession or occupation.

*As added by Acts 1981, P.L.222, SEC.1.*

**IC 25-1-4-3**

**Sworn statements of compliance; retention of copies of certificates of completion; audits**

Sec. 3. (a) Notwithstanding any other law, a board that is specifically authorized or mandated to require continuing education as a condition to renew a registration, certification, or license must require a practitioner to comply with the following renewal requirements:

(1) The practitioner shall provide the board with a sworn statement signed by the practitioner that the practitioner has fulfilled the continuing education requirements required by the board.

(2) The practitioner shall retain copies of certificates of completion for continuing education courses for three (3) years from the end of the licensing period for which the continuing education applied. The practitioner shall provide the board with copies of the certificates of completion upon the board's request for a compliance audit.

(b) Every two (2) years the board shall randomly audit for compliance more than one percent (1%) but less than ten percent (10%) of the practitioners required to take continuing education courses.

*As added by P.L.269-2001, SEC.4.*

**IC 25-1-4-3.2**

**Distance learning methods**

Sec. 3.2. A board or agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 shall require that at least one-half (50%) of all continuing education requirements must be allowed by distance learning methods, except for doctors, nurses, chiropractors, optometrists and

dentists.

*As added by P.L.227-2001, SEC.1.*

#### **IC 25-1-4-4 Waiver**

Sec. 4. A board, a commission, a committee, or an agency regulating a profession or occupation under this title or under IC 15, IC 16, or IC 22 may grant an applicant a waiver from all or part of the continuing education requirement for a renewal period if the applicant was not able to fulfill the requirement due to a hardship that resulted from any of the following:

- (1) Service in the armed forces of the United States during a substantial part of the renewal period.
- (2) An incapacitating illness or injury.
- (3) Other circumstances determined by the board or agency.

*As added by P.L.274-2004, SEC. 1.*

### **IC 25-1-8**

#### **Chapter 8. Occupational and Professional Licensure, Registration, and Certification Fees**

#### **IC 25-1-8-6 Reinstatement of delinquent or lapsed license**

Sec. 6. (a) As used in this section, "board" has the meaning set forth in IC 25-1-4-0.3.

(b) This section does not apply to a license, certificate, or registration that has been revoked or suspended.

(c) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, the holder of a license, certificate, or registration that was issued by the board that is three (3) years or less delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee established by the health professions bureau.
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.

(d) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, unless a statute specifically does not allow a license, certificate, or registration to be reinstated if it has lapsed for more than three (3) years, the holder of a license, certificate, or registration that was issued by the board that is more than three (3) years delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee equal to the current initial application fee.
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.

(5) Complete such remediation and additional training as deemed appropriate by the board given the lapse of time involved.

(6) Any other requirement that is provided for in statute or rule that is not related to fees.

*As added by P.L.269-2001, SEC.5.*

### **IC 25-1-9**

#### **Chapter 9. Health Professions Standards of Practice**

#### **IC 25-1-9-1 "Board" defined**

Sec. 1. As used in this chapter, "board" means any of the following:

- (1) Board of chiropractic examiners (IC 25-10-1).
- (2) State board of dentistry (IC 25-14-1).
- (3) Indiana state board of health facility administrators (IC 25-19-1).
- (4) Medical licensing board of Indiana (IC 25-22-5-2).
- (5) Indiana state board of nursing (IC 25-23-1).
- (6) Indiana optometry board (IC 25-24).
- (7) Indiana board of pharmacy (IC 25-26).
- (8) Board of podiatric medicine (IC 25-29-2-1).
- (9) Board of environmental health specialists (IC 25-32).
- (10) Speech-language pathology and audiology board (IC 25-35.6-2).
- (11) State psychology board (IC 25-33).
- (12) Indiana board of veterinary medical examiners (IC 15-5-1.1).
- (13) Indiana physical therapy committee (IC 25-27-1).
- (14) Respiratory care committee (IC 25-34.5).
- (15) Occupational therapy committee (IC 25-23.5).
- (16) Social worker, marriage and family therapist, and mental health counselor board (IC 25-23.6).
- (17) Physician assistant committee (IC 25-27.5).
- (18) Indiana athletic trainers board (IC 25-5.1-2-1).
- (19) Indiana dietitians certification board (IC 25-14.5-2-1).
- (20) Indiana hypnotist committee (IC 25-20.5-1-7).

*As added by P.L.152-1988, SEC.1. Amended by P.L.242-1989, SEC.7; P.L.238-1989, SEC.7; P.L.186-1990, SEC.7; P.L.48-1991, SEC.20; P.L.227-1993, SEC.7; P.L.33-1993, SEC.14; P.L.213-1993, SEC.4; P.L.1-1994, SEC.122; P.L.124-1994, SEC.6; P.L.175-1997, SEC.6; P.L.147-1997, SEC.10; P.L.84-1998, SEC.5; P.L.24-1999, SEC.6.*

#### **IC 25-1-9-2 "Practitioner" defined**

Sec. 2. As used in this chapter, "practitioner" means an individual who holds:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by the board regulating the profession in question, including a certificate of registration issued under IC 25-20.

*As added by P.L.152-1988, SEC.1.*

#### **IC 25-1-9-3 "License" defined**

Sec. 3. As used in this chapter, "license" includes a license,

certificate, registration, or permit.  
*As added by P.L.152-1988, SEC.1.*

#### **IC 25-1-9-3.5 "Sexual Contact" defined**

Sec. 3.5. As used in this chapter, "sexual contact" means:

- (1) sexual intercourse (as defined in IC 35-41-1-26);
- (2) deviate sexual conduct (as defined in IC 35-41-1-9); or
- (3) any fondling or touching intended to arouse or satisfy the sexual desires of either the individual performing the fondling or touching or the individual being fondled or touched.

*As added by P.L.200-2001, SEC.1.*

#### **IC 25-1-9-4 Professional standards; types of conduct prohibited; certified copy of record as conclusive evidence**

Sec. 4. (a) A practitioner shall conduct the practitioner's practice in accordance with the standards established by the board regulating the profession in question and is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds:

- (1) a practitioner has:
  - (A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice;
  - (B) engaged in fraud or material deception in the course of professional services or activities; or
  - (C) advertised services in a false or misleading manner;
- (2) a practitioner has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently;
- (3) a practitioner has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question;
- (4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:
  - (A) professional incompetence that:
    - (i) may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake; and
    - (ii) does not include activities performed under IC 16-21-2-9;
  - (B) failure to keep abreast of current professional theory or practice;
  - (C) physical or mental disability; or
  - (D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;
- (5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;
- (6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's training, experience, or competence;
- (7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in any other state or jurisdiction on grounds similar to those under this chapter;
- (8) a practitioner has diverted:
  - (A) a legend drug (as defined in IC 16-18-2-199); or
  - (B) any other drug or device issued under a drug order (as defined in IC 16-42-19-3) for another person;
- (9) a practitioner, except as otherwise provided by law, has knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitue or addict;

(10) a practitioner has failed to comply with an order imposing a sanction under section 9 of this chapter; or

(11) a practitioner has engaged in sexual contact with a patient under the practitioner's care or has used the practitioner-patient relationship to solicit sexual contact with a patient under the practitioner's care; or

(12) a practitioner who is a participating provider of a health maintenance organization has knowingly collected or attempted to collect from a subscriber or enrollee of the health maintenance organization any sums that are owed by the health maintenance organization.

(b) A practitioner who provides health care services to the practitioner's spouse is not subject to disciplinary action under subsection (a)(11).

(c) A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action under subsection (a)(7).

*As added by P.L.152-1988, SEC.1. Amended by P.L.2-1993, SEC.136; P.L.149-1997, SEC.7; P.L.22-1999, SEC.4; P.L. 200-2001, SEC.2; P.L.203-2001, SEC.3; P.L.1-2002, SEC.96.*

#### **IC 25-1-9-5 Optometrists; sanctions; prohibited employment**

Sec. 5. In addition to section 4 of this chapter, a practitioner licensed to practice optometry is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has accepted employment to practice optometry from a person other than:

- (1) a corporation formed by an optometrist under IC 23-1.5; or
- (2) an individual who is licensed as an optometrist under this article and whose legal residence is in Indiana.

*As added by P.L.152-1988, SEC.1.*

#### **IC 25-1-9-6 Veterinarians or veterinary technicians; sanctions; cruelty to animals**

Sec. 6. In addition to section 4 of this chapter, a practitioner licensed to practice veterinary medicine or registered as a veterinary technician is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has engaged in cruelty to animals.

*As added by P.L.152-1988, SEC.1.*

#### **IC 25-1-9-6.5 Waiver of deductible or a copayment**

Sec. 6.5. (a) In addition to section 4 of this chapter, a practitioner licensed to practice chiropractic is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds a practitioner has:

- (1) waived a payment of a deductible or a copayment required to be made to the practitioner by a patient under the patient's insurance or health care plan; and
- (2) advertised the waiver of a payment described in subdivision (1).

(b) This section does not apply to the waiver of a deductible or a copayment by a practitioner if:

- (1) the practitioner determines chiropractic service is necessary for the immediate health and welfare of a patient;
- (2) the practitioner determines the payment of a deductible or a copayment would create a substantial financial hardship for the patient; and
- (3) the waiver is based on the evaluation of the individual



patient and is not a regular business practice of the practitioner.  
*As added by P.L.151-1989, SEC.9.*

**IC 25-1-9-6.7 Additional professional standards for licensees under IC 25-23.6**

Sec. 6.7. In addition to the actions listed under section 4 of this chapter that subject a practitioner to the exercise of disciplinary sanctions, a practitioner who is licensed under IC 25-23.6 is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds that the practitioner has:

- (1) performed any therapy that, by the prevailing standards of the mental health professions in the community where the services were provided, would constitute experimentation on human subjects, without first obtaining full, informed, and written consent;
- (2) failed to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance in professional activities, including the undertaking of activities that the practitioner is not qualified by training or experience to undertake;
- (3) performed services, including any duties required of the individual under IC 31, in reckless disregard of the best interests of a patient, a client, or the public;
- (4) without the consent of the child's parent, guardian, or custodian, knowingly participated in the child's removal or precipitated others to remove a child from the child's home unless:

(A) the child's physical health was endangered due to injury as a result of the act or omission of the child's parent, guardian, or custodian;

(B) the child had been or was in danger of being a victim of an offense under IC 35-42-4, IC 35-45-4-1, IC 35-45-4-2, IC 35-46-1-3, IC 35-49-2-2, or IC 35-49-3-2; or

(C) the child was in danger of serious bodily harm as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, shelter, or medical care, and a court order was first obtained;

(5) willfully made or filed a false report or record, failed to file a report or record required by law, willfully impeded or obstructed the filing of a report or record, or induced another individual to:

(A) make or file a false report or record; or

(B) impede or obstruct the filing of a report or record; or

(6) performed a diagnosis (as defined in IC 25-22.5-1-1.1(c));

(7) provided evidence in an administrative or judicial proceeding that had insufficient factual basis for the conclusions rendered by the practitioner;

(8) willfully planted in the mind of the patient suggestions that are not based in facts known to the practitioner; or

(9) performed services outside of the scope of practice of the license issued under IC 25-23.6.

*As added by P.L.147-1997, SEC.11. Amended by P.L.2-1998, SEC.65.*

**IC 25-1-9-6.8 Prescribing stimulant medication for a child; guidelines**

Sec. 6.8. (a) This section applies to a practitioner who is: (1) licensed to practice medicine or osteopathic medicine under IC 25-22.5; or

(2) an advanced practice nurse granted prescriptive authority under IC 25-23, and whose practice agreement with a collaborating physician reflects the conditions specified in

subsection (b).

(b) Before prescribing a stimulant medication for a child for the treatment of attention deficit disorder or attention deficit hyperactivity disorder, a practitioner described in subsection (a) shall follow the most recent guidelines adopted by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry for the diagnosis and evaluation of a child with attention deficit disorder or attention deficit hyperactivity disorder.

*As added by P.L. 107-2002, SEC. 287.*

**IC 25-1-9-6.9 Additional professional standards; failure to provide information; providing false information**

Sec. 6.9. In addition to the actions listed under section 4 of this chapter that subject a practitioner to disciplinary sanctions, a practitioner is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds that the practitioner has:

(1) failed to provide information requested by the bureau; or

(2) knowingly provided false information to the bureau;

for a provider profile required under IC 25-1-5-10.

*As added by P.L.211-2001, SEC.2.*

**IC 25-1-9-7 Physical or mental examinations**

Sec. 7. The board may order a practitioner to submit to a reasonable physical or mental examination, at the practitioner's own expense, if the practitioner's physical or mental capacity to practice safely is at issue in a disciplinary proceeding.

*As added by P.L.152-1988, SEC.1. Amended by P.L. 158-2003, SEC.2.*

**IC 25-1-9-8 Failure to submit to examination; summary suspension**

Sec. 8. Failure to comply with a board order to submit to a physical or mental examination makes a practitioner liable to summary suspension under section 10 of this chapter. *As added by P.L.152-1988, SEC.1.*

**IC 25-1-9-9 Sanctions; modification or withdrawal of probation**

Sec. 9. (a) The board may impose any of the following sanctions, singly or in combination, if it finds that a practitioner is subject to disciplinary sanctions under section 4, 5, 6, 6.7, or 6.9 of this chapter or IC 25-1-5-4:

(1) Permanently revoke a practitioner's license.

(2) Suspend a practitioner's license.

(3) Censure a practitioner.

(4) Issue a letter of reprimand.

(5) Place a practitioner on probation status and require the practitioner to:

(A) report regularly to the board upon the matters that are the basis of probation;

(B) limit practice to those areas prescribed by the board;

(C) continue or renew professional education under a preceptor, or as otherwise directed or approved by the board, until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or

(D) perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner.

(6) Assess a fine against the practitioner in an amount not to exceed one thousand dollars (\$1,000) for each violation listed in section 4 of this chapter, except for a finding of incompetency due to a physical or mental disability. When imposing a fine, the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the fine within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a fine.

(b) The board may withdraw or modify the probation under subsection (a)(5) if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order.

*As added by P.L. 152-1988, SEC. 1. Amended by P.L. 48-1991, SEC. 21; P.L. 22-1999, SEC. 5; P.L. 32-2000, SEC. 10; P.L. 211-2001, SEC. 3.*

#### **IC 25-1-9-10 Summary suspension of license; opportunity to be heard**

Sec. 10. (a) The board may summarily suspend a practitioner's license for ninety (90) days before a final adjudication or during the appeals process if the board finds that a practitioner represents a clear and immediate danger to the public health and safety if the practitioner is allowed to continue to practice. The summary suspension may be renewed upon a hearing before the board, and each renewal may be for ninety (90) days or less.

(b) Before the board may summarily suspend a license that has been issued under IC 15-5-1.1, IC 25-22.5 or IC 25-14, the consumer protection division of the attorney general's office shall make a reasonable attempt to notify a practitioner of a hearing by the board to suspend a practitioner's license and of information regarding the allegation against the practitioner. The consumer protection division of the attorney general's office shall also notify the practitioner that the practitioner may provide a written or an oral statement to the board on the practitioner's behalf before the board issues an order for summary suspension. A reasonable attempt to reach the practitioner is made if the consumer protection division of the attorney general's office attempts to reach the practitioner by telephone or facsimile at the last telephone number of the practitioner on file with the board.

(c) After a reasonable attempt is made to notify a practitioner under subsection (b):

(1) a court may not stay or vacate a summary suspension of a practitioner's license for the sole reason that the practitioner was not notified; and

(2) the practitioner may not petition the board for a delay of the summary suspension proceedings.

*As added by P.L. 152-1988, SEC. 1. Amended by P.L. 43-1995, SEC. 2; P.L. 71-2000, SEC. 18.*

#### **IC 25-1-9-10.1 Retention of clinical consultants and experts to advise on suspension**

Sec. 10.1. The attorney general may retain the services of a clinical consultant or an expert to provide the attorney general with advice concerning the acts that are the subject of a suspension under this chapter.

*As added by P.L. 43-1995, SEC. 3.*

#### **IC 25-1-9-11 Reinstatement of suspended license**

Sec. 11. The board may reinstate a license which has been

suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter.

*As added by P.L. 152-1988, SEC. 1.*

#### **IC 25-1-9-12 Reinstatement of revoked license**

Sec. 12. The board may not reinstate a license that has been revoked under this chapter. An individual whose license has been revoked under this chapter may not apply for a new license until seven (7) years after the date of revocation.

*As added by P.L. 152-1988, SEC. 1.*

#### **IC 25-1-9-13 Consistency in application of sanctions**

Sec. 13. The board shall seek to achieve consistency in the application of the sanctions authorized in this section. Significant departures from prior decisions involving similar conduct must be explained in the board's findings or orders.

*As added by P.L. 152-1988, SEC. 1.*

#### **IC 25-1-9-14 Surrender of license**

Sec. 14. A practitioner may petition the board to accept the surrender of the practitioner's license instead of a hearing before the board. The practitioner may not surrender the practitioner's license without the written approval of the board, and the board may impose any conditions appropriate to the surrender or reinstatement of a surrendered license.

*As added by P.L. 152-1988, SEC. 1.*

#### **IC 25-1-9-15 Costs of disciplinary proceeding; payment; limitations**

Sec. 15. Practitioners who have been subjected to disciplinary sanctions may be required by a board to pay for the costs of the proceeding. The practitioner's ability to pay shall be considered when costs are assessed. If the practitioner fails to pay the costs, a suspension may not be imposed solely upon the practitioner's inability to pay the amount assessed. These costs are limited to costs for the following:

- (1) Court reporters.
- (2) Transcripts.
- (3) Certification of documents.
- (4) Photoduplication.
- (5) Witness attendance and mileage fees.
- (6) Postage.
- (7) Expert witnesses.
- (8) Depositions.
- (9) Notarizations.
- (10) Administrative law judges.

*As added by P.L. 152-1988, SEC. 1. Amended by P.L. 158-2003, SEC. 3.*

#### **IC 25-1-9-16 Refusal of licensure or grant of probationary license**

Sec. 16. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:

(1) the applicant has been disciplined by a licensing entity of another state or jurisdiction, or has committed an act that would have subjected the applicant to the disciplinary process had the

applicant been licensed in Indiana when the act occurred; and

(2) the violation for which the applicant was, or could have been, disciplined has a direct bearing on the applicant's ability to competently practice in Indiana.

(b) Whenever the board issues a probationary license, the board may impose one (1) or more of the following conditions:

(1) Report regularly to the board upon the matters that are the basis of the discipline of the other state or jurisdiction.

(2) Limit practice to those areas prescribed by the board.

(3) Continue or renew professional education.

(4) Engage in community restitution or service without compensation for a number of hours specified by the board.

(5) Perform or refrain from performing an act that the board considers appropriate to the public interest or to the rehabilitation or treatment of the applicant.

(c) The board shall remove any limitations placed on a probationary license under this section if the board finds after a hearing that the deficiency that required disciplinary action has been remedied.

*As added by P.L.33-1993, SEC.15. Amended by P.L.32-2000, SEC.11.*

#### **IC 25-1-9-17 Applicant appearance before board or controlled substances advisory committee**

Sec. 17. The board and the controlled substances advisory committee (IC 35-48-2-1) may require an applicant for licensure to appear before the board or committee before issuing a license.

*As added by P.L.33-1993, SEC.16.*

#### **IC 25-1-9-18 Fitness determination of health care provider; filing of complaint**

Sec. 18. (a) If the insurance commissioner forwards to the board the name of a practitioner under IC 34-18-9-4(a) (or IC 27-12-9-4(a) before its repeal), the board shall consider whether:

(1) the practitioner has become unfit to practice under section 4 of this chapter; and

(2) a complaint should be filed under IC 25-1-7-4.

(b) If the board determines that a complaint should be filed under subsection (a), the board must report to the consumer protection division whether the board will schedule the matter:

(1) for informal negotiation under IC 25-1-7-6;

(2) on the board's agenda for a vote requesting that the attorney general prosecute the matter before the board under IC 25-1-7-7; or

(3) on the board's agenda for a vote on summary suspension of the practitioner's license pending prosecution of the matter before the board under IC 25-1-7-7.

(c) A board may designate a board member or staff member to act on behalf of the board under this section.

*As added by P.L.43-1995, SEC.4. Amended by P.L.1-1998, SEC.131.*

#### **IC 25-1-9-19 Notice of third party billing**

Sec. 19. A practitioner that provides to a patient notice concerning a third party billing for a health care service provided to the patient shall ensure that the notice:

(1) conspicuously states that the notice is not a bill;

(2) does not include a tear-off portion; and

(3) is not accompanied by a return mailing envelope.

*As added by P.L. 178-2003, SEC. 12.*

### **IC 25-1-12 Renewal of Licenses Held by Individuals in Military Service**

#### **IC 25-1-12-1 Application of chapter**

Sec. 1. This chapter applies to an individual who:

(1) holds a license, certificate, registration, or permit under this title, IC 15, IC 16, or IC 22; and

(2) is called to active duty.

*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-2 "Active duty" defined**

Sec. 2. As used in this chapter, "active duty" means full-time service in the:

(1) armed forces of the United States; or

(2) national guard;

for a period that exceeds thirty (30) consecutive days in a calendar year.

*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-3 "Armed forces of the United States" defined**

Sec. 3. As used in this chapter, "armed forces of the United States" means the active or reserve components of:

(1) the army;

(2) the navy;

(3) the air force;

(4) the coast guard;

(5) the marine corp; or

(6) the merchant marine.

*As added by P.L.274-2004, SEC. 2.*

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#### **IC 25-1-12-4 "National guard" defined**

Sec. 4. As used in this chapter, "national guard" means:

(1) the Indiana army national guard; or

(2) the Indiana air national guard.

*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-5 "Practitioner" defined**

Sec. 5. As used in this chapter, "practitioner" means an individual who holds:

(1) an unlimited license, certificate, or registration;

(2) a limited or probationary license, certificate, or registration;

(3) a temporary license, certificate, registration, or permit;

(4) an intern permit; or

(5) a provisional license;

issued under this title or IC 15, IC 16, or IC 22.

*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-6 Renewal, extension of time for practitioners on active duty; requirements**

Sec. 6. (a) Notwithstanding any other law, a practitioner who is called to active duty out-of-state and meets the requirements of subsection (b) is entitled to an extension of time described in subsection (c) to:

(1) renew; and

(2) complete the continuing education required by;

the practitioner's license, certificate, registration, or permit.

(b) The practitioner must meet the following requirements to receive the extension of time provided under subsection (a):

(1) On the date the practitioner enters active duty, the practitioner's license, certificate, registration, or permit may not be revoked, suspended, lapsed, or be the subject of a complaint under IC 25-1-7.

(2) While the practitioner is out-of-state on active duty:  
(A) the practitioner's license, certificate, registration, or permit must expire; and  
(B) the practitioner must not have received the notice of expiration before the date the practitioner entered active duty.  
(3) The practitioner shall provide proof of out-of-state active duty by providing a copy of the practitioner's:  
(A) discharge; or  
(B) government movement orders;  
to the agency issuing the practitioner's license, certificate, registration, or permit at the time the practitioner renews the practitioner's license, certificate, registration, or permit under this chapter.  
(c) The extension of time provided under subsection (a) is equal to one hundred eighty (180) days after the date of the practitioner's discharge or release from active duty.  
(d) The agency or board that issued the practitioner's license, certificate, registration, or permit may extend the period provided in subsection (c) if the agency or board determines that an illness, an injury, or a disability related to the practitioner's active duty prevents the practitioner from renewing or completing the continuing education required for the practitioner's license, certificate, registration, or permit. However, the agency may not extend the period for longer than three hundred sixty-five (365) days after the date of the practitioner's discharge or release from active duty.  
*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-7 Late fees; waiver**

Sec. 7. Any late fees that may be assessed against a practitioner in connection with a renewal under this chapter are waived.  
*As added by P.L.274-2004, SEC. 2.*

#### **IC 25-1-12-8 Construing of chapter**

Sec. 8. This chapter may not be construed as a restriction or limitation on any of the rights, benefits, and protections granted to a member of:  
(1) the armed forces of the United States; or  
(2) the national guard;  
under federal law.  
*As added by P.L.274-2004, SEC. 2.*

#### **Non-Code Provision**

IC 25-1-12, as added by this act, applies to all individuals who:  
(1) hold a license, certificate, registration, or permit under IC 15, IC 16, IC 22, or IC 25; and  
(2) have been called to full-time service in the:  
(A) armed forces of the United States (as defined in IC 25-1-12-3, as added by this act); or  
(B) Indiana army or air national guard;  
after September 11, 2001.  
*As added by P.L.274-2004, SEC. 3.*

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### **ACCESS TO HEALTH RECORDS**

#### **Selected sections of Title 16, Article 18**

#### **Title 16, Article 39**

### **IC 16-18**

## **ARTICLE 18. GENERAL PROVISIONS AND DEFINITIONS**

### **IC 16-18-1 Chapter 1. General Provisions**

#### **IC 16-18-1-1 Application of Definitions**

Sec. 1. Except as otherwise provided, the definitions in this article apply throughout this title.  
*As added by P.L.2-1993, SEC. 1.*

#### **IC 16-18-1-2 References to federal statutes or regulations**

Sec. 2. Except as otherwise provided in this title, a reference to a federal statute or regulation in this title is a reference to the statute or regulation as in effect on January 1, 1993.  
*As added by P.L.2-1993, SEC. 1.*

### **IC 16-18-2 Chapter 2. Definitions**

#### **IC 16-18-2-5 Adult**

Sec. 5. "Adult" means an individual who is at least eighteen (18) years of age.  
*As added by P.L.2-1993, SEC. 1.*

#### **IC 16-18-2-12 Alcohol and drug abuse records**

Sec. 12. "Alcohol and drug abuse records", for purposes of IC 16-39, means recorded or unrecorded information concerning the diagnosis, treatment, or prognosis of a patient receiving alcohol or drug abuse treatment services.  
*As added by P.L.2-1993, SEC. 1.*

#### **IC 16-18-2-26.5 Association**

Sec. 26.5. "Association", for purposes of IC 16-39-5-3, has the meaning set forth in IC 16-39-5-3(a).  
*As added by P.L.231-1999, SEC. 10.*

#### **IC 16-18-2-168 Health Records**

Sec. 168. (a) "Health records", for purposes of IC 16-39, means written, electronic, or printed information possessed or maintained by a provider concerning any diagnosis, treatment, or prognosis of the patient, including such information possessed or maintained on microfiche, microfilm, or in a digital format. The term includes mental health records and alcohol and drug abuse records.

(b) For purposes of IC 16-39-5-3(e), the term includes information that describes services provided to a patient and a provider's charges for services provided to a patient.

(c) The term does not include information concerning emergency ambulance services described in IC 16-31-2-11(d).  
*As added by P.L.2-1993, SEC. 1. Amended by P.L.231-1999, SEC. 11; P.L.127-2001, SEC. 1; P.L. 44-2002, SEC. 2; P.L. 255-2003, SEC. 45.*

#### **IC 16-18-2-202 Licensed Physician**

Sec. 202. "Licensed physician" means an individual who holds an unlimited license to practice medicine in Indiana under IC 25-22.5.  
*As added by P.L.2-1993, SEC. 1.*

**IC 16-18-2-226 Mental Health Records**

Sec. 226. "Mental health records", for purposes of IC 16-39, means recorded or unrecorded information concerning the diagnosis, treatment, or prognosis of a patient receiving mental health services or developmental disability training. The term does not include alcohol and drug abuse records.

*As added by P.L.2-1993, SEC.1. Amended by P.L.4-1997, SEC.2.*

**IC 16-18-2-272 Patient**

Sec. 272. (a) "Patient", for purposes of IC 16-27-1, has the meaning set forth in IC 16-27-1-6.

(b) "Patient", for the purposes of IC 16-28 and IC 16-29, means an individual who has been accepted and assured care by a health facility.

(c) "Patient", for purposes of IC 16-36-1.5, has the meaning set forth in IC 16-36-1.5-3.

(d) "Patient", for purposes of IC 16-39, means an individual who has received health care services from a provider for the examination, treatment, diagnosis, or prevention of a physical or mental condition.

*As added by P.L.2-1993, SEC.1. Amended by P.L.145-1996, SEC.2.*

**IC 16-18-2-274 Person**

Sec. 274. (a) "Person" means, except as provided in subsections (b), (c), and (d), an individual, a firm, a partnership, an association, a fiduciary, an executor or administrator, a governmental entity, or a corporation.

(b) "Person", for purposes of IC 16-25, has the meaning set forth in IC 16-25-1.1-8.

(c) "Person", for purposes of IC 16-31, means an individual, a partnership, a corporation, an association, a joint stock association, or a governmental entity other than an agency or instrumentality of the United States.

(d) "Person", for purposes of IC 16-42-10, has the meaning set forth in IC 16-42-10-3.

*As added by P.L.2-1993, SEC.1. Amended by P.L.256-1999, SEC.9.*

**IC 16-18-2-281 Pharmacist**

Sec. 281. "Pharmacist" means a person licensed by law to practice pharmacy in Indiana.

*As added by P.L.2-1993, SEC.1.*

**IC 16-18-2-282 Physician**

Sec. 282. (a) "Physician", except as provided in subsection (b), means a licensed physician (as defined in section 202 of this chapter).

(b) "Physician", for purposes of IC 16-41-12, has the meaning set forth in IC 16-41-12-7.

*As added by P.L.2-1993, SEC.1.*

**IC 16-18-2-292.5 Primary Caregiver**

Sec. 292.5. "Primary caregiver", for purposes of IC 16-39-4-2, has the meaning set forth in IC 16-39-4-2(a).

*As added by P.L.189-1995, SEC.1.*

**IC 16-18-2-295 Provider**

Sec. 295. (a) "Provider", for purposes of IC 16-38-5, IC 16-39 (except for IC 16-39-7) and IC 16-41-1 through IC 16-41-9 and IC 16-41-37, means any of the following:

(1) An individual (other than an individual who is an employee or a contractor of a hospital, a facility, or an agency described in subdivision (2) or (3)) who is licensed, registered, or certified as a health care professional, including the following:

- (A) A physician.
- (B) A psychotherapist.
- (C) A dentist.
- (D) A registered nurse.
- (E) A licensed practical nurse.
- (F) An optometrist.
- (G) A podiatrist.
- (H) A chiropractor.
- (I) A physical therapist.
- (J) A psychologist.
- (K) An audiologist.
- (L) A speech-language pathologist.
- (M) A dietitian.
- (N) An occupational therapist.
- (O) A respiratory therapist.
- (P) A pharmacist.

(2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or described in IC 12-24-1 or IC 12-29.

(3) A health facility licensed under IC 16-28-2.

(4) A home health agency licensed under IC 16-27-1.

(5) An employer of a certified emergency medical technician, a certified emergency medical technician-basic advanced, a certified emergency medical technician-intermediate, or a certified paramedic.

(6) The state department or a local health department or an employee, agent, designee, or contractor of the state department or local health department.

(b) "Provider", for purposes of IC 16-39-7-1, has the meaning set forth in IC 16-39-7-1(a).

*As added by P.L.2-1993, SEC.1. Amended by P.L.188-1995, SEC.2; P.L.20-1998, SEC.1; P.L.231-1999, SEC.12; P.L.256 1999, SEC.10; P.L. 205-2003, SEC.19.*

**IC 16-18-2-379 X-ray film**

Sec. 379. "X-ray film", for purposes of IC 16-39, has the meaning set forth in IC 16-39-7-2.

*As added by P.L.2-1993, SEC.1.*

**ARTICLE 39. HEALTH RECORDS****IC 16-39-1****Chapter 1. Release of Health Records to Patient and Authorized Persons****IC 16-39-1-1 Right of access; written requests; effective duration**

Sec. 1. (a) This section applies to all health records except mental health records, which are governed by IC 16-39-2, IC 16-39-3, and IC 16-39-4.

(b) This article applies to all health records, except:

(1) records regarding communicable diseases, which are governed by IC 16-41-8-1; or

(2) records regarding alcohol and other drug abuse patient records, which are governed by 42 CFR, Part 2.

(c) On written request and reasonable notice, a provider shall supply to a patient the health records possessed by the provider concerning the patient. Information regarding contact lenses must be given using the following guidelines:

(1) After the release of a patient from an initial fitting and follow-up period of not more than six (6) months, the contact lens prescription must be released to the patient at the patient's request.

(2) A prescription released under subdivision (1) must contain all information required to properly duplicate the contact lenses.

(3) A contact lens prescription must include the following:

(A) An expiration date of not more than one (1) year.

(B) The number of refills permitted.

(4) Instructions for use must be consistent with:

(A) recommendations of the contact lens manufacturer;

(B) clinical practice guidelines; and

(C) the professional judgment of the prescribing optometrist or physician licensed under IC 25-22.5.

After the release of a contact lens prescription under this subsection, liability for future fittings or dispensing of contact lenses under the original prescription lies with the dispensing company or practitioner.

(d) On a patient's written request and reasonable notice, a provider shall furnish to the patient or the patient's designee the following:

(1) A copy of the patient's health record used in assessing the patient's health condition.

(2) At the option of the patient, the pertinent part of the patient's health record relating to a specific condition, as requested by the patient.

(e) A request made under this section is valid for sixty (60) days after the date the request is made.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 40-1994, SEC.66; P.L. 102-1994, SEC.1; P.L. 2-1995, SEC.72; P.L. 108-1996, SEC.4.*

#### **IC 16-39-1-2 X-rays**

Sec. 2. Upon a patient's written request and reasonable notice, a provider shall, at the provider's actual costs, provide to the patient or the patient's designee:

(1) access to; or

(2) a copy of;

the patient's x-ray film possessed by the provider.

*As added by P.L. 2-1993, SEC.22.*

#### **IC 16-39-1-3 Persons entitled to request records**

Sec. 3. (a) Health records may be requested by a competent patient if the patient is:

(1) emancipated and less than eighteen (18) years of age; or

(2) at least eighteen (18) years of age.

(b) If a patient is incompetent, the request for health records may be made by the parent, guardian, or custodian of the patient.

(c) Health records of a deceased patient may be requested by a coroner under IC 36-2-14-21 or by the personal representative of the patient's estate. If the deceased does not have a personal representative, the spouse of the deceased patient may make a request. If there is no spouse:

(1) a child of the deceased patient; or

(2) the parent, guardian, or custodian of the child if the child is incompetent; may make a request.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 28-2002, SEC.1.*

#### **IC 16-39-1-4 Patient's written consent for release of records; contents**

Sec. 4. Except as provided in IC 16-39-5, a patient's written consent for release of the patient's health record must include the following:

(1) The name and address of the patient.

(2) The name of the person requested to release the patient's record.

(3) The name of the person or provider to whom the patient's health record is to be released.

(4) The purpose of the release.

(5) A description of the information to be released from the health record.

(6) The signature of the patient, or the signature of the patient's legal representative if the patient is incompetent.

(7) The date on which the consent is signed.

(8) A statement that the consent is subject to revocation at any time, except to the extent that action has been taken in reliance on the consent.

(9) The date, event, or condition on which the consent will expire if not previously revoked.

*As added by P.L. 2-1993, SEC.22.*

#### **IC 16-39-1-5 Withholding requested information**

Sec. 5. If a provider who is a health care professional reasonably determines that the information requested under section 1 of this chapter is:

(1) detrimental to the physical or mental health of the patient; or

(2) likely to cause the patient to harm the patient or another; the provider may withhold the information from the patient.

*As added by P.L. 2-1993, SEC.22.*

#### **IC 16-39-1-6 Inpatient requests**

Sec. 6. This chapter does not authorize a patient to obtain a copy of the patient's health records while the patient is an inpatient of a hospital, health facility, or facility licensed under IC 12-24 or IC 12-29. However, if the inpatient is:

(1) unemancipated and less than eighteen (18) years of age, a parent, guardian, or next of kin (if the patient does not have a parent or guardian) is entitled to obtain a copy of the health records of the inpatient;

(2) incompetent to request the patient's own health records, a spouse, parent, guardian, or next of kin (if the patient does not have a parent, spouse, or guardian) is entitled to obtain a copy of the health records of the inpatient; or

(3) competent, a spouse, parent or next of kin (if the patient does not have a parent or spouse) is entitled to obtain a copy of the health records of the inpatient if the inpatient requests that the records be released.

*As added by P.L. 2-1993, SEC.22.*

#### **IC 16-39-1-7 Child's health records; access to custodial and noncustodial parents**

Sec. 7. (a) Except as provided in subsection (b), a custodial parent and a noncustodial parent of a child have equal access to the parents' child's health records.

(b) A provider may not allow a noncustodial parent access to the child's health records if:

(1) a court has issued an order that limits the noncustodial parent's access to the child's health records; and

(2) the provider has received a copy of the court order or has actual knowledge of the court order.

(c) If a provider incurs additional expense by allowing a parent equal access to health records under this section, the provider may require the parent requesting the equal access to pay a fee to cover the cost of the additional expense.

*As added by P.L.2-1993, SEC.22.*

#### **IC 16-39-1-8 Copying fees**

Sec. 8. Except as provided in section 2 of this chapter, IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L.102-1994, SEC.2.*

#### **IC 16-39-1-9 Alcohol and drug abuse records**

Sec. 9. Alcohol and drug abuse records described in 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 may not be disclosed unless authorized in accordance with 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3.

*As added by P.L.4-1997, SEC.3.*

### **IC 16-39-2**

#### **Chapter 2. Release of Mental Health Records to Patient and Authorized Persons**

##### **IC 16-39-2-1 Application of chapter**

Sec. 1. This chapter applies only to mental health records.

*As added by P.L.2-1993, SEC.22.*

##### **IC 16-39-2-2 Maintenance of records by provider; contents; dominion; time limits**

Sec. 2. A record for each patient receiving mental health services shall be maintained by the provider. The mental health record must contain the information that the division of mental health and addiction, the division of disability, aging, and rehabilitative services, or the state department requires by rule. The provider is:

- (1) the owner of the mental health record;
- (2) responsible for the record's safekeeping; and
- (3) entitled to retain possession of the record.

The information contained in the mental health record belongs to the patient involved as well as to the provider. The provider shall maintain the original mental health record or a microfilm of the mental health record for at least seven (7) years.

*As added by P.L.2-1993, SEC.22. Amended by P.L.40-1994, SEC.67; P.L.4-1997, SEC.4; P.L.215-2001, SEC.84.*

##### **IC 16-39-2-3 Confidentiality**

Sec. 3. A patient's mental health record is confidential and shall be disclosed only with the consent of the patient unless otherwise provided in the following:

- (1) This chapter.
- (2) IC 16-39-3.

(3) IC 16-39-4.

(4) IC 16-39-5-3.

*As added by P.L.2-1993, SEC.22.*

##### **IC 16-39-2-4 Patient access; restrictions; appeal**

Sec. 4. A patient is entitled to inspect and copy the patient's own mental health record. However, if the provider that is responsible for the patient's mental health records determines for good medical cause, upon the advice of a physician, that the information requested under this section is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm the patient or another person, the provider may withhold the information from the patient. If the provider is a state institution or agency, the patient may appeal the provider's refusal to permit the patient to inspect and copy the patient's own record under IC 4-21.5.

*As added by P.L.2-1993, SEC.22.*

##### **IC 16-39-2-5 Access to patient's designee or legal representative; written request**

Sec. 5. (a) This section applies to private and public treating providers.

(b) Upon a patient's written request and reasonable notice, a patient's mental health record shall be made available for inspection and copying by the provider at any time to an individual or organization designated by the patient or to the patient's legal representative.

(c) A patient's written request for the release of the patient's mental health record under this section must include the following:

- (1) The name of the patient.
- (2) The name of the person requested to release the patient's mental health record.
- (3) The name of the person, provider, or organization to whom the patient's mental health record is to be released.
- (4) The purpose of the release.
- (5) A description of the information to be released from the mental health record.
- (6) The signature of the patient.
- (7) The date the request is signed.
- (8) A statement that the patient's consent to release of mental health records is subject to revocation at any time, except to the extent that action has been taken in reliance on the patient's consent.
- (9) The date, event, or condition on which the patient's consent to release of mental health records will expire if not previously revoked.

(d) Unless otherwise specified in a written request under this section, a request for release of records is valid for one hundred eighty (180) days after the date the request is made.

(e) A request for release of records under this section may be revoked by the patient at any time, except to the extent that action has been taken in reliance on the consent.

(f) Mental health records requested by the patient to be released under this section may be released by the provider receiving the request, regardless of whether the patient is still receiving services from the provider.

*As added by P.L.2-1993, SEC.22. Amended by P.L.4-1997, SEC.5.*

**IC 16-39-2-6 Disclosure without patient's consent; interpretation of records; immunities**

Sec. 6. (a) Without the consent of the patient, the patient's mental health record may only be disclosed as follows:

(1) To individuals who meet the following conditions:  
(A) Are employed by:  
(i) the provider at the same facility or agency;  
(ii) a managed care provider (as defined in IC 12-7-2-127(b)); or  
(iii) a health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.

(B) Are involved in the planning, provision, and monitoring of services.

(2) To the extent necessary to obtain payment for services rendered or other benefits to which the patient may be entitled, as provided in IC 16-39-5-3.

(3) To the patient's court appointed counsel and to the Indiana protection and advocacy services commission.

(4) For research conducted in accordance with IC 16-39-5-3 and the rules of the division of mental health and addiction, the rules of the division of disability, aging, and rehabilitative services, or the rules of the provider.

(5) To the division of mental health and addiction for the purpose of data collection, research, and monitoring managed care providers (as defined in IC 12-7-2-127(b)) who are operating under a contract with the division of mental health and addiction.

(6) To the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings.

(7) To a law enforcement agency if any of the following conditions are met:

(A) A patient escapes from a facility to which the patient is committed under IC 12-26.

(B) The superintendent of the facility determines that failure to provide the information may result in bodily harm to the patient or another individual.

(C) A patient commits or threatens to commit a crime on facility premises or against facility personnel.

(D) A patient is in the custody of a law enforcement officer or agency for any reason and:

(i) the information to be released is limited to medications currently prescribed for the patient or to the patient's history of adverse medication reactions; and

(ii) the provider determines that the release of the medication information will assist in protecting the health, safety, or welfare of the patient.

Mental health records released under this clause must be maintained in confidence by the law enforcement agency receiving them.

(8) To a coroner or medical examiner, in the performance of the individual's duties.

(9) To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of a person with a disability under 20 U.S.C. 1400 et seq.

(10) To the extent necessary to satisfy reporting requirements under the following statutes:

(A) IC 12-10-3-10.

(B) IC 12-17-2-16.

(C) IC 12-24-17-5.

(D) IC 16-41-2-3.

(E) IC 31-33-5-4.

(F) IC 34-30-16-2.

(G) IC 35-46-1-13.

(11) To the extent necessary to satisfy release of information requirements under the following statutes:

(A) IC 12-24-11-2.

(B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.

(C) IC 12-26-11.

(12) To another health care provider in a health care emergency.

(13) For legitimate business purposes as described in IC 16-39-5-3.

(14) Under a court order under IC 16-39-3.

(15) With respect to records from a mental health or developmental disability facility, to the United States Secret Service if the following conditions are met:

(A) The request does not apply to alcohol or drug abuse records described in 42 U.S.C. 290dd-2 unless authorized by a court order under 42 U.S.C. 290dd-2(b)(2)(c).

(B) The request relates to the United States Secret Service's protective responsibility and investigative authority under 18 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.

(C) The request specifies an individual patient.

(D) The director or superintendent of the facility determines that disclosure of the mental health record may be necessary to protect a person under the protection of the United States Secret Service from serious bodily injury or death.

(E) The United States Secret Service agrees to only use the mental health record information for investigative purposes and not disclose the information publicly.

(F) The mental health record information disclosed to the United States Secret Service includes only:

(i) the patient's name, age, and address;

(ii) the date of the patient's admission to or discharge from the facility; and

(iii) any information that indicates whether or not the patient has a history of violence or presents a danger to the person under protection.

(16) To the statewide waiver ombudsman established under IC 12-11-13, in the performance of the ombudsman's duties.

(b) After information is disclosed under subsection (a)(15) and if the patient is evaluated to be dangerous, the records shall be interpreted in consultation with a licensed mental health professional on the staff of the United States Secret Service.

(c) A person who discloses information under subsection (a)(7) or (a)(15) in good faith is immune from civil and criminal liability. *As added by P.L. 2-1993, SEC.22. Amended by P.L. 23-1993, SEC.77; P.L. 40-1994, SEC.68; P.L. 6-1995, SEC.37; P.L. 149-1996, SEC.1; P.L. 1-1997, SEC.95; P.L. 4-1997, SEC.6; P.L. 111-1997, SEC.8; P.L. 253-1997(ss), SEC.20; P.L. 1-1998, SEC.120; P.L. 1-1999, SEC.46; P.L. 272-1999, SEC.53; P.L. 215-2001, SEC.85.*

**IC 16-39-2-7 Discovery or admissibility without patient's consent**

Sec. 7. Except as provided in section 8 of this chapter, the mental health record is not discoverable or admissible in any legal proceeding without the consent of the patient.

*As added by P.L. 2-1993, SEC.22.*



**IC 16-39-2-8 Court ordered release**

Sec. 8. The court may order the release of the patient's mental health record without the patient's consent upon the showing of good cause following a hearing under IC 16-39-3 or in a proceeding under IC 31-30 through IC 31-40 following a hearing held under the Indiana Rules of Trial Procedure.

*As added by P.L.2-1993, SEC.22. Amended by P.L.1-1997, SEC.96.*

**IC 16-39-2-9 Exercise of patient's rights by others; equal access to records; fees**

Sec. 9. (a) For the purposes of this chapter, the following persons are entitled to exercise the patient's rights on the patient's behalf:

(1) If the patient is a minor, the parent, guardian, or other court appointed representative of the patient.

(2) If the provider determines that the patient is incapable of giving or withholding consent, the patient's guardian, a court appointed representative of the patient, a person possessing a health care power of attorney for the patient, or the patient's health care representative.

(b) A custodial parent and a noncustodial parent of a child have equal access to the child's mental health records unless:

(1) a court has issued an order that limits the noncustodial parent's access to the child's mental health records; and

(2) the provider has received a copy of the court order or has actual knowledge of the court order.

If the provider incurs an additional expense by allowing a parent equal access to a child's mental health records, the provider may require the parent requesting the equal access to pay a fee under IC 16-39-9 to cover the cost of the additional expense.

*As added by P.L.2-1993, SEC.22. Amended by P.L.4-1997, SEC.7.*

**IC 16-39-2-10 Decedent's records; consent to release**

Sec. 10. For the purposes of this chapter, consent to the release of a deceased patient's record may be given by the personal representative of the patient's estate. If there is no appointment of a personal representative, consent may be given by:

(1) the patient's spouse; or

(2) if there is no spouse, any responsible member of the patient's family, including a parent, guardian, or custodian of the deceased patient's minor child.

*As added by P.L.2-1993, SEC.22. Amended by P.L.4-1997, SEC.8.*

**IC 16-39-2-11 Copying fees**

Sec. 11. IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L.2-1993, SEC.22. Amended by P.L.102-1994, SEC.3.*

**IC 16-39-2-12 Application to other mental health records laws**

Sec. 12. This chapter does not prohibit the application to mental health records of any law concerning health records that is not addressed by this chapter.

*As added by P.L.4-1997, SEC.9.*

**IC 16-39-3****Chapter 3. Release of Mental Health Records in Investigations and Legal Proceedings****IC 16-39-3-1 Application of chapter**

Sec. 1. This chapter applies only to mental health records.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-3-2**

*(Repealed by P.L.4-1997, SEC.14.)*

**IC 16-39-3-3 Petition for release of patient's records**

Sec. 3. A person:

(1) seeking access to a patient's mental health record without the patient's written consent in an investigation or prosecution resulting from a report filed under IC 16-39-2-6(10); or

(2) who has filed or is a party to a legal proceeding and who seeks access to a patient's mental health record without the patient's written consent; may file a petition in a circuit or superior court requesting a release of the patient's mental health record.

*As added by P.L.2-1993, SEC.22. Amended by P.L.108-1996, SEC.5.*

**IC 16-39-3-4 Notice of hearing**

Sec. 4. Except as provided in section 8 of this chapter, notice of a hearing to be conducted under this chapter shall be served at least fifteen (15) days in advance on the following:

(1) The patient.

(2) The guardian, guardian ad litem or court appointed special advocate appointed for a minor, parent, or custodian of a patient who is incompetent.

(3) The provider that maintains the record or the attorney general if the provider is a state institution.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-3-5 Right to counsel**

Sec. 5. If a patient has an attorney, the patient has the right to have an attorney present at a hearing conducted under this chapter. The notice served under section 4 of this chapter must state the patient's right to have an attorney present if the patient has an attorney. If the patient is under an inpatient commitment to a mental health facility at the time a petition under section 3 of this chapter is filed and the patient is unable to afford an attorney, the court shall appoint an attorney for the patient.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-3-6 Confidential hearing record**

Sec. 6. A hearing under this chapter shall be conducted in a manner that preserves the confidentiality of the record of the hearing.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-3-7 Release of records; necessary findings**

Sec. 7. At the conclusion of the hearing, the court may order the release of the patient's mental health record if the court finds by a preponderance of the evidence that:

(1) other reasonable methods of obtaining the information

are not available or would not be effective; and

(2) the need for disclosure outweighs the potential harm to the patient. In weighing the potential harm to the patient, the court shall consider the impact of disclosure on the provider-patient privilege and the patient's rehabilitative process.

*As added by P.L. 2-1993, SEC.22.*

**IC 16-39-3-8 Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian**

Sec. 8. If an emergency exists in which a child is alleged to be a child in need of services under IC 31-34-1 and the county office of family and children seeks access to the mental health records of the parent, guardian, or custodian of the child as a part of a preliminary inquiry under IC 31-34-7, the county office may file a verified petition, which sets forth the facts the county office alleges constitute an emergency, seeking an emergency hearing under this section. A request for access to a patient's mental health record under this section shall be heard by the court having jurisdiction under IC 31-30 through IC 31-40. Notice of a hearing to be conducted under this section shall be served not later than twenty-four (24) hours before the hearing to all persons entitled to receive notice under section 4 of this chapter. If actual notice cannot be given, the county office shall file with the court an affidavit stating that verbal notice or written notice left at the last known address of the respondent was attempted not less than twenty-four (24) hours before the hearing. A hearing under this section shall be held not later than forty-eight (48) hours after the petition for an emergency hearing is filed. The court shall enter written findings concerning the release or denial of the release of the mental health records of the parent, guardian, or custodian. The court shall order the release of the mental health records if the court finds the following by a preponderance of the evidence:

(1) Other reasonable methods of obtaining the information sought are not available or would not be effective.

(2) The need for disclosure in the best interests of the child outweighs the potential harm to the patient caused by a necessary disclosure. In weighing the potential harm to the patient, the court shall consider the impact of disclosure on the provider-patient relationship and the patient's rehabilitative process.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 4-1993, SEC.245; P.L. 5-1993, SEC.258; P.L. 1-1997, SEC.97.*

**IC 16-39-3-9 Court order authorizing release of records; requisites**

Sec. 9. A court order authorizing release of a patient's mental health record under this chapter must do the following:

(1) Limit disclosure to those parts of the patient's record that are essential to fulfill the objective of the order.

(2) Limit disclosure to those persons whose need for information is the basis of the order.

(3) Include other measures necessary to limit disclosure for the protection of the patient, the provider-patient privilege, and the rehabilitative process.

*As added by P.L. 2-1993, SEC.22.*

**IC 16-39-3-10 Admission of record or related testimony in evidence; confidentiality**

Sec. 10. If a patient's mental health record or testimony related to a patient's mental health is offered or admitted into evidence in

a legal proceeding, the court shall maintain the record or transcript of the testimony as a confidential court record. The record or transcript may not be used in any other proceeding or for any other purpose.

*As added by P.L. 2-1993, SEC.22.*

**IC 16-39-3-11 Proceedings under IC 31-6; exception**

Sec. 11. Except as provided in section 8 of this chapter:

(1) this chapter;

(2) the hearing process described in this chapter; and

(3) the standards described in this chapter;

do not apply to proceedings under IC 31-30 through IC 31-40. A proceeding for access to a patient's mental health records under IC 31-30 through IC 31-40 is subject to the Indiana Rules of Trial Procedure.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 1-1997, SEC.98.*

**IC 16-39-3-12 Copying fees**

Sec. 12. IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L. 102-1994, SEC.4.*

**IC 16-39-3-13 Application to other mental health record laws**

Sec. 13. This chapter does not prohibit the application to mental health records of any law concerning health records that is not addressed by this chapter.

*As added by P.L. 4-1997, SEC.10.*

**IC 16-39-4**

**Chapter 4. Provision of Mental Health Information**

**IC 16-39-4-1 Application of chapter**

Sec. 1. This chapter applies only to patients receiving mental health services.

*As added by P.L. 2-1993, SEC.22.*

**IC 16-39-4-2 "Primary caregiver" defined; written request from relative or guardian for information**

Sec. 2. (a) As used in this section, "primary caregiver" means an individual who provides for the physical, emotional, and social needs of another individual who cannot provide for the other individual's own needs.

(b) Upon the written request of a patient's:

(1) spouse;

(2) parent if:

(A) the patient does not have a spouse; or

(B) the parent is the primary caregiver to the patient;

(3) adult child if the patient has neither a spouse nor a parent;

(4) sibling if the patient has neither a spouse, a parent, nor an adult child; or

(5) guardian, guardian ad litem, or court appointed special guardian;

who is involved in the planning, provision, and monitoring of mental health services delivered to the patient and the written consent of the treating physician for the patient, the provider shall provide the individual described in subdivision (1), (2), (3), (4), or (5) with the information described in section 3 of this chapter.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 189-1995, SEC.2.*

**IC 16-39-4-3 Summary response from provider**

Sec. 3. If a provider has received a written request under section 2 of this chapter, the provider shall provide the individual who made the request with the following information:

- (1) A summary of the patient's diagnosis.
- (2) A summary of the information required to be given to the patient under IC 12-27-6-2 and IC 12-27-6-3.
- (3) The types of medication that have been prescribed for the patient.
- (4) A summary of the patient's prognosis.

*As added by P.L. 2-1993, SEC.22.*

**IC 16-39-4-4 Copying fees**

Sec. 4. IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 102-1994, SEC.5.*

**IC 16-39-4-5 Information subject to disclosure; exempt institutions; failure of patient to authorize release of information**

Sec. 5. (a) This section does not apply to the following:

- (1) An institution licensed under IC 12-25.
- (2) A hospital licensed under IC 16-21.
- (3) A treatment facility certified under IC 12-23-1-6.
- (4) A state institution listed under IC 12-24-1.

(b) This section applies only to a patient's mental health records.

(c) A patient, or the patient's legal representative if the patient is incompetent, who consents in writing to the release of information to an insurer that has issued a policy of accident and sickness insurance (as defined in IC 27-8-5-1) covering the patient, authorizes the provider to disclose the following information to the insurer:

- (1) The patient's name and the policy or contract number.
- (2) The date the patient was admitted to a treatment facility or the date the patient began receiving mental health, mental retardation, or substance abuse (as defined in IC 27-8-5-15.5) services.
- (3) The date of the beginning of the patient's illness.
- (4) The date the patient was discharged from the treatment facility or the date the services were terminated, if known.
- (5) The diagnosis for the patient with concise information substantiating the diagnosis.
- (6) A brief description of the services provided to the patient, including the type of therapy used, medications ordered and administered, the total number of hours spent in individual, group, or family treatment, recreational therapy, or rehabilitation activities.
- (7) The patient's status as either an inpatient or outpatient.
- (8) The patient's relationship to the policyholder or contract subscriber.
- (9) The patient's prognosis and plan of treatment.

An insurer's request for the release of additional mental health information relating to subdivisions (1) through (9) does not require a further release in order for the provider to submit the additional information to the insurer. The provider may release to the insurer mental health information in addition to that

reasonably related to subdivisions (1) through (9) if an additional written consent is obtained from the patient or the patient's representative authorizing the release of all information necessary for the insurer to adjudicate a claim made by the patient or the patient's representative. If such a release is obtained, no further releases are required in order for the provider to submit additional information in response to subsequent requests for information by the insurer to complete its review of the claim.

(d) Nothing in this section removes the obligation of a patient to pay for services if the patient's failure to authorize the release of information under this section results in the limitation or denial of insurance benefits.

*As added by P.L. 102-1994, SEC.6.*

**IC 16-39-4-6 Application to other mental health records laws**

Sec. 6. This chapter does not prohibit the application to mental health records of any law concerning health records that is not addressed by this chapter.

*As added by P.L. 4-1997, SEC.11.*

**IC 16-39-5**

**Chapter 5. Release of Health Records to Third Parties and for Legitimate Business Purposes**

**IC 16-39-5-1 Interprovider exchange of records without patient's consent**

Sec. 1. This article does not prohibit a provider from obtaining a patient's health records from another provider without the patient's consent if the health records are needed to provide health care services to the patient.

*As added by P.L. 2-1993, SEC.22. Amended by P.L. 6-1995, SEC.38.*

**IC 16-39-5-2 Patient's written consent to insurer to obtain records or medical information**

Sec. 2. (a) Except as provided in IC 16-39-2, IC 16-39-3, IC 16-39-4, and subsection (d), this article does not prohibit an accident and sickness insurance company (as defined in IC 27-8-5-1) from obtaining health records or medical information with a written consent executed at the time of receiving an application for insurance or at any other time. Such consent may be used at any time for legitimate accident and sickness insurance purposes.

(b) A written consent to obtain health records or medical information obtained at the time of application by an insurance company making any of the types of insurance not defined in IC 27-8-5 may be used for any legitimate insurance purposes for up to two (2) years from the date the contract is issued. A written consent obtained at any other time by an insurance company not defined in IC 27-8-5 may be used for up to one (1) year after the date the consent was signed. A copy of all health records or medical information obtained by an insurance company, other than a life insurance company (as defined in IC 27-1-2-3(s)), by means of the written consent of the patient under this subsection shall be furnished to the patient by the insurance company upon the written request of the patient.

(c) Consents obtained by any insurance company need only contain the following:

- (1) Name of the insured.
- (2) Date the consent is granted.
- (3) Name of the company to which consent is given to receive information.

(4) General nature of the information that may be secured by use of the consent.

(d) Except as provided in subsection (e), an insurance company other than a life insurance company (as defined in IC 27-1-2-3(s)) may not obtain the results of any genetic screening or testing (as defined in IC 27-8-26-2) without a separate written consent by an individual at the time of application for insurance or at any other time. The form on which an individual indicates written consent must:

(1) indicate in at least 10 point boldface type that the individual need not consent to releasing the results of any genetic testing or screening; and

(2) be approved by the commissioner before use.

(e) An insurance company other than a life insurance company (as defined in IC 27-1-2-3(s)) is not liable if the insurance company:

(1) inadvertently receives the results of any genetic testing or screening (as defined in IC 27-8-26-2); and

(2) has not obtained a separate written consent as required under subsection (d).

An insurance company that inadvertently receives testing or screening results may not use the genetic testing or screening results in violation of IC 27-8-26.

*As added by P.L. 2-1993, SEC. 22. Amended by P.L. 1-1994, SEC. 89; P.L. 150-1997, SEC. 1.*

#### **IC 16-39-5-3      Provider's use of records; confidentiality; construction of chapter**

Sec. 3. (a) As used in this section, "association" refers to an Indiana hospital trade association founded in 1921.

(b) As used in this section, "data aggregation" means a combination of information obtained from the health records of a provider with information obtained from the health records of one (1) or more other providers to permit data analysis that relates to the health care operations of the providers.

(c) Except as provided in IC 16-39-4-5, the original health record of the patient is the property of the provider and as such may be used by the provider without specific written authorization for legitimate business purposes, including the following:

(1) Submission of claims for payment from third parties.

(2) Collection of accounts.

(3) Litigation defense.

(4) Quality assurance.

(5) Peer review.

(6) Scientific, statistical, and educational purposes.

(d) In use under subsection (c), the provider shall at all times protect the confidentiality of the health record and may disclose the identity of the patient only when disclosure is essential to the provider's business use or to quality assurance and peer review.

(e) A provider may disclose a health record to another provider or to a nonprofit medical research organization to be used in connection with a joint scientific, statistical, or educational project. Each party that receives information from a health record in connection with the joint project shall protect the confidentiality of the health record and may not disclose the patient's identity except as allowed under this article.

(f) A provider may disclose a health record or information obtained from a health record to the association for use in connection with a data aggregation project undertaken by the association.

However, the provider may disclose the identity of a patient to the association only when the disclosure is essential to the project.

The association may disclose the information it receives from a provider under this subsection to the state department to be used in connection with a public health activity or data aggregation of inpatient and outpatient discharge information submitted under IC 16-21-6-6. The information disclosed by:

(1) a provider to the association; or

(2) the association to the state department;

under this subsection is confidential.

(g) Information contained in final results obtained by the state department for a public health activity that:

(1) is based on information disclosed under subsection (f); and

(2) identifies or could be used to determine the identity of a patient;

is confidential. All other information contained in the final results is not confidential.

(h) Information that is:

(1) advisory or deliberative material of a speculative nature; or

(2) an expression of opinion;

including preliminary reports produced in connection with a ~~voluntary~~ public health activity using information disclosed under subsection (f), is confidential and may only be disclosed by the state department to the association and to the provider who disclosed the information to the association.

(i) The association shall, upon the request of a provider that contracts with the association to perform data aggregation, make available information contained in the final results of data aggregation activities performed by the association in compliance with subsection (f).

(j) A person who recklessly violates or fails to comply with subsections (e) through (h) commits a Class C infraction. Each day a violation continues constitutes a separate offense.

(k) This chapter does not do any of the following:

(1) Repeal, modify, or amend any statute requiring or authorizing the disclosure of information about any person.

(2) Prevent disclosure or confirmation of information about patients involved in incidents that are reported or required to be reported to governmental agencies and not required to be kept confidential by the governmental agencies.

*As added by P.L. 2-1993, SEC. 22. Amended by P.L. 102-1994, SEC. 7; P.L. 103-1994, SEC. 1; P.L. 2-1995, SEC. 73; P.L. 231-1999, SEC. 15; P.L. 44-2002, SEC. 5; P.L. 78-2004, SEC. 23*

#### **IC 16-39-5-4      Copying fees**

Sec. 4. IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L. 102-1994, SEC. 8.*

#### **IC 16-39-6**

##### **Chapter 6. Access to Hospital Records by Hospital Medical Staff Committees**

#### **IC 16-39-6-1      Purposes**

Sec. 1. It is in the interest of public health and patient medical care that hospital medical staff committees have access to the records and other information concerning the condition and treatment of hospital patients to evaluate the care and treatment of patients as follows:

(1) For research purposes.

(2) For the purpose of gathering statistics and other information concerning the prevention and treatment of diseases,

illnesses, and injuries.

(3) For the purpose of reducing morbidity or mortality.  
*As added by P.L.2-1993, SEC.22.*

**IC 16-39-6-2 Right of hospital to provide records to medical staff committee**

Sec. 2. To carry out the purposes described in section 1 of this chapter, a hospital or agents or employees of the hospital may provide medical records or other information concerning the condition or treatment of a hospital patient to a hospital medical staff committee.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-6-3 Confidentiality; production on court order**

Sec. 3. (a) Except as provided in subsection (b):

(1) records or other information furnished a hospital medical staff committee under this chapter concerning the care and treatment of a hospital patient;

(2) proceedings of a hospital medical staff committee; and

(3) other records or reports of a hospital medical staff committee;  
are confidential.

(b) The confidential records and proceedings described in subsection (a) may be produced on court order in a cause in which the records and proceedings are relevant or material.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-6-4 Use or publication of obtained information; restrictions**

Sec. 4. A hospital medical staff committee shall use or publish information the committee obtains from records or other information submitted to the committee concerning the care or treatment of a patient only as follows:

(1) To evaluate matters of medical care, therapy, and treatment.

(2) For research and statistical purposes.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-6-5 Protection of patient's identity**

Sec. 5. (a) The members, agents, or employees of a hospital medical staff committee may not disclose the identity of any patient whose records have been studied in a report or publication of the committee.

(b) The members, agents, and employees of the medical staff committee shall protect the identity of a patient whose condition or treatment has been studied and may not disclose or reveal the identity of any patient.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-7**

**Chapter 7. Maintenance of Health Records, X-rays, and Other Tests**

**IC 16-39-7-1 Maintenance of health records by providers; violations**

Sec. 1. (a) As used in this section, "provider" means the following:

(1) A physician.

(2) A dentist.

(3) A registered nurse.

(4) A licensed practical nurse.

(5) An optometrist.

(6) A podiatrist.

(7) A chiropractor.

(8) A physical therapist.

(9) A psychologist.

(10) An audiologist.

(11) A speech-language pathologist.

(12) A home health agency licensed under IC 16-27.

(13) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or described in IC 12-24 or IC 12-29.

(b) A provider shall maintain the original health records or microfilms of the records for at least seven (7) years.

(c) A provider who violates subsection (b) commits an offense for which a board may impose disciplinary sanctions against the provider under the law that governs the provider's licensure, registration, or certification under this title or IC 25.

*As added by P.L.2-1993, SEC.22.*

**IC 16-39-7-2 Maintenance of x-rays by providers; violations; civil liability**

Sec. 2. (a) This section does not apply to original mammograms, which are governed by section 3 of this chapter.

(b) As used in this section, "x-ray film" includes a microfilm copy of the x-ray film.

(c) A provider shall maintain a patient's x-ray film for at least five (5) years.

(d) At the time an x-ray film is taken, the provider shall do one (1) of the following:

(1) Inform the patient in writing of the following:

(A) The patient's x-ray film will be kept on file by the provider for at least five (5) years.

(B) If the patient would like a copy of the x-ray film during that period, the provider will provide the patient with a copy of the x-ray film at the actual cost to the provider, as provided in IC 16-39-1-2.

(2) Have posted conspicuously in the x-ray examination area a sign informing patients of the following:

(A) All x-ray films will be kept on file by a provider for at least five (5) years.

(B) On request during that time, the provider will provide the patient a copy of the patient's x-ray film at the actual cost to the provider.

(e) A provider is immune from civil liability for destroying or otherwise failing to maintain an x-ray film in violation of this section if the destruction or failure to maintain the x-ray film is inadvertent and not done in bad faith. However, this subsection does not prevent the imposition of disciplinary sanctions against the provider, as described in subsection (f).

(f) A provider who violates this section commits an offense for which a board may impose disciplinary sanctions against the provider under the statute that governs the provider's licensure, registration, or certification under this title or IC 25.

*As added by P.L.2-1993, SEC.22. Amended by P.L.86-2001, SEC.1.*

**IC 16-39-7-3 Maintenance of mammograms by providers; violations; civil liability**

Sec. 3. (a) Except as provided in subsection (b), a provider shall maintain a patient's original mammogram films and reports concerning the mammogram films in a permanent medical record

of the patient for not less than:

- (1) five (5) years; or
- (2) if the provider performs no additional mammograms of the patient, ten (10) years; after the date the original mammogram films were taken.

(b) Upon request by or on behalf of a patient, a provider shall permanently or temporarily transfer a patient's original mammogram films and copies of any reports concerning the mammogram films to:

- (1) a medical institution;
- (2) a physician or other health care provider of the patient; or
- (3) the patient.

(c) Any fee charged to a patient for providing mammogram films and copies of reports under subsection (b) may not exceed the provider's actual cost in providing the films and reports.

(d) At the time a mammogram is taken, the provider shall inform the patient in writing of:

(1) the length of time that the patient's original mammogram films will be maintained; and

(2) the procedure for obtaining the original mammogram films and copies of reports concerning the mammogram films as described in subsection (b).

(e) A provider is immune from civil liability for destroying or otherwise failing to maintain a patient's original mammogram films or reports concerning the mammogram films in violation of this section if the destruction or failure to maintain the original mammogram films or reports is inadvertent and not done in bad faith. However, this subsection does not prevent the imposition of disciplinary sanctions against the provider, as described in subsection (f).

(f) A provider who violates this section commits an offense for which a board may impose disciplinary sanctions against the provider under the statute that governs the provider's licensure, registration, or certification under this title or IC 25.

(g) Upon receiving written notice of a change in federal regulations regarding the maintenance and storage of x-ray film taken as a supplemental medical diagnostic tool to mammography, the state department shall make reasonable attempts to promptly notify all x-ray facilities providing mammographic x-ray services regarding the change.

*As added by P.L.86-2001, SEC.2.*

## **IC 16-39-7.1**

### **Chapter 7.1. Autopsy Records**

#### **IC 16-39-7.1-1 Application of chapter**

Sec. 1. This chapter applies to a physician.

*As added by P.L.271-2001, SEC.3.*

#### **IC 16-39-7.1-1.5 Training or educational purposes**

Sec. 1.5. As used in this chapter, "training or educational purposes" means for the purpose of:

- (1) teaching or giving lectures to:
  - (A) medical students;
  - (B) physicians;
  - (C) coroners;
  - (D) law enforcement personnel;
  - (E) public safety personnel;
  - (F) attorneys; or
- (G) an individual who relies upon information or records regulated under this chapter in the course of the

individual's profession or occupation;

(2) publication in professional medical:

- (A) books; or
- (B) periodicals; or

(3) use in:

- (A) training videos; or
- (B) computer programs.

*As added by P.L. 179-2003, SEC.2.*

#### **IC 16-39-7.1-2 Confidentiality**

Sec. 2. Except as provided in section 3 of this chapter, a photograph, a video recording, or an audio recording of an autopsy in the custody of a physician is confidential.

*As added by P.L.271-2001, SEC.3.*

#### **IC 16-39-7.1-3 Viewing and copying of photographs, video recording, audio recording; prohibitions**

Sec. 3. (a) A surviving spouse may:

- (1) view and copy a photograph or video recording; and
- (2) listen to and copy an audio recording;

of the deceased spouse's autopsy. If there is no surviving spouse, the surviving parents shall have access to the records under this subsection. If there is no surviving spouse or parent, an adult child shall have access to the records.

(b) Upon making a written request, a unit (as defined in IC 36-1-2-23), the state, an agency of the state, the federal government, or an agency of the federal government, while in performance of their official duty, may:

- (1) view and copy a photograph or video recording; and
- (2) listen to and copy an audio recording;

of an autopsy. Unless otherwise required in the performance of their duties, the identity of the deceased must remain confidential.

(c) The physician having custody of a photograph, a video recording, or an audio recording of an autopsy may use or allow the use of the photograph, video recording, or audio recording of the autopsy for case consultation with a pathologist or forensic scientist. The physician having custody of a photograph, a video recording, or an audio recording of an autopsy may also use or allow the use of the photograph, video recording, or audio recording of the autopsy for training or educational purposes if all information that identifies the individual on whom the autopsy was performed is masked or removed from the photograph, video recording, or audio recording. For purposes of this subsection, information that identifies an individual consists of:

- (1) the name;
- (2) the address;
- (3) the Social Security number;
- (4) a full view of the face; or
- (5) identifying marks on the body that are unrelated to the educational purpose of the information or to the medical condition or the medical status;

of the deceased individual. A physician who allows the use of autopsy information under this subsection has a duty to disclose to each person to whom the physician releases it that the information is confidential and may not be used for a purpose other than the purpose for which it was originally released. A physician who fails to disclose the confidentiality restrictions of this information commits a Class A misdemeanor.

(d) Except as provided in subsection (c), the physician having custody of a photograph, a video recording, or an audio recording of an autopsy may not permit a person to:

(1) view and copy a photograph or video recording; and  
(2) listen to and copy an audio recording;  
of an autopsy without a court order.

(e) Information disclosed under subsection (c) is confidential.  
*As added by P.L.271-2001, SEC.3. Amended by P.L. 179-2003, SEC 3.*

#### **IC 16-39-7.1-4 Court ordered authorization**

Sec. 4. (a) A court, upon a showing of good cause, may issue an order authorizing a person to:

(1) view or copy a photograph or video recording; and  
(2) listen to or copy an audio recording;  
of an autopsy, and may prescribe any restrictions or stipulations that the court considers appropriate.

(b) In determining good cause, the court shall consider:

(1) whether the disclosure is necessary for the public evaluation of governmental performance;

(2) the seriousness of the intrusion into the family's right to privacy;

(3) whether the disclosure of the photograph, video recording, or audio recording is by the least intrusive means available; and

(4) the availability of similar information in other public records, regardless of form.

(c) In all cases, the viewing, copying, listening to, or other handling of a photograph or video or audio recording of an autopsy must be under the direct supervision of the physician who is the custodian of the record.

*As added by P.L.271-2001, SEC.3.*

#### **IC 16-39-7.1-5 Notice to surviving spouse, deceased's parents or children**

Sec. 5. (a) A surviving spouse shall be given:

(1) reasonable notice of the petition filed with the court to view or copy a photograph or video recording of an autopsy or a petition to listen to or copy an audio recording;

(2) a copy of the petition filed with the court to view or copy a photograph or video recording of an autopsy or a petition to listen to or copy an audio recording; and

(3) reasonable notice of the opportunity to be present and heard at any hearing on the matter.

(b) If there is no surviving spouse, the notice under this section must be given to the deceased's parents, and if the deceased has no living parent, the notice must be given to the adult children of the deceased.

*As added by P.L.271-2001, SEC.3.*

#### **IC 16-39-7.1-6 Violation**

Sec. 6. (a) A provider who:

(1) is the custodian of a photograph, a video recording, or an audio recording of an autopsy; and

(2) knowingly or intentionally violates this chapter;  
commits a Class A misdemeanor.

(b) A person who knowingly or intentionally violates a court order issued under this ~~section~~ chapter commits a Class A misdemeanor.

(c) A person who:

(1) receives autopsy information under section 3(c) of this chapter; and

(2) knowingly or intentionally uses the information in a manner other than the specified purpose for which it was released;

commits a Class A misdemeanor.

*As added by P.L.271-2001, SEC.3, Amended by P.L. 179-2003, SEC.4.*

### **IC 16-39-8**

#### **Chapter 8. Immunity From Liability**

##### **IC 16-39-8-1 Libel or slander; immunity**

Sec. 1. Providers and the providers' employees, agents, and representatives are immune from civil action for libel or slander arising from information or entries made in a patient health record if the information or entries are made in good faith and without malice.

*As added by P.L.2-1993, SEC.22.*

##### **IC 16-39-8-2 Applicability**

Sec. 2. This chapter applies to mental health records.

*As added by P.L.4-1997, SEC.12.*

### **IC 16-39-9**

#### **Chapter 9. Charges Permitted for Providing Copies of Medical Records**

##### **IC 16-39-9-1 Chapter exemptions**

Sec. 1. This chapter does not apply to x-rays covered by either of the following:

(1) IC 16-39-1-2.

(2) IC 16-39-7-2.

*As added by P.L.102-1994, SEC.9.*

##### **IC 16-39-9-2 Maximum copying fees**

Sec. 2. A provider may not charge a person for making and providing copies of medical records an amount greater than provided in this chapter.

*As added by P.L.102-1994, SEC.9.*

##### **IC 16-39-9-3 Copying fees**

Sec. 3. (a) A provider may collect a charge of twenty-five cents (\$0.25) per page for making and providing copies of medical records. If the provider collects a labor charge under subsection (b), the provider may not charge for making and providing copies of the first ten (10) pages of a medical record under this subsection.

(b) A provider may collect a fifteen dollar (\$15) labor charge in addition to the per page charge collected under subsection (a).

(c) A provider may collect actual postage costs in addition to the charges collected under subsections (a) and (b).

(d) If the person requesting the copies requests that the copies be provided within two (2) working days, and the provider provides the copies within two (2) working days, the provider may collect a fee of ten dollars (\$10) in addition to the charges collected under subsections (a) through (c).

*As added by P.L.102-1994, SEC.9. Amended by P.L.78-2004, SEC.24.*

##### **IC 16-39-9-4 Cost adjustments by department**

Sec. 4. (a) As used in this section, "department" refers to the department of insurance created by IC 27-1-1-1.

(b) Notwithstanding sections 1 and 2 of this chapter, the department may adopt rules under IC 4-22-2 to adjust the

amounts that may be charged for copying records under this chapter. In adopting rules under this section, the department shall consider the following factors relating to the costs of copying medical records:

- (1) The following labor costs:
  - (A) Verification of requests.
  - (B) Logging requests.
  - (C) Retrieval.
  - (D) Copying.
  - (E) Refiling.
- (2) Software costs for logging requests.
- (3) Expense costs for copying.
- (4) Capital costs for copying.
- (5) Billing and bad debt expenses.
- (6) Space costs.

*As added by P.L.102-1994, SEC.9.*

**JUVENILE LAW: REPORTING AND INVESTIGATION OF  
CHILD ABUSE AND NEGLECT  
TITLE 31  
ARTICLE 9. DEFINITIONS**

**Chapter 1. General Provisions**

**31-9-1-1 Applicability of definitions**

Sec. 1. Except as otherwise provided, the definitions in this article apply throughout this title. *As added by P.L.1-1997, SEC.1.*

**31-9-1-2 Inapplicability of definitions**

Sec. 2. Except as otherwise provided, the definitions in this article do not apply to the following:

- (1) IC 31-11-3.
- (2) IC 31-17-3.
- (3) IC 31-18.
- (4) IC 31-19-29.
- (5) IC 31-37-23.

*As added by P.L.1-1997, SEC.1.*

**Chapter 2. Definitions**

**31-9-2-7 "Adult"**

Sec. 7. (a) "Adult", for purposes of IC 31-19-17 through IC 31-19-24, means a person who is at least twenty-one (21) years of age. (b) "Adult", for purposes of the juvenile law, means a person other than a child. *As added by P.L.1-1997, SEC.1.*

**31-9-2-14 "Child abuse or neglect"**

Sec. 14. (a) "Child abuse or neglect", for purposes of IC 31-32-11-1, IC 31-33, IC 31-34-7-4, and IC 31-39-8-4, refers to a child who is alleged to be a child in need of services as described in IC 31-34-1-1 through IC 31-34-1-5.

(b) The term does not include a child who is alleged to be a child in need of services if the child is alleged to be a victim of a sexual offense under IC 35-42-4-3 unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts. *As added by P.L.1-1997, SEC.1.*

**31-9-2-40 "Director"**

Sec. 40. "Director", for purposes of IC 31-33, IC 31-34, and IC 31-37, refers to the director of the division of family and children. *As added by P.L.1-1997, SEC.1. Amended by P.L.55-1997, SEC.10.*

**31-9-2-52 "Health care provider"**

Sec. 52. "Health care provider", for purposes of IC 31-32-11-1, IC 31-33, IC 31-34-7-4, and IC 31-39-8-4, means any of the following:

- (1) A licensed physician, intern, or resident.
- (2) An osteopath.
- (3) A chiropractor.
- (4) A dentist.
- (5) A podiatrist.
- (6) A registered nurse or other licensed nurse.
- (7) A mental health professional.
- (8) A paramedic or an emergency medical technician.
- (9) A social worker, an x-ray technician, or a laboratory technician employed by a hospital.
- (10) A pharmacist.
- (11) A person working under the direction of any of the practitioners listed in subdivisions (1) through (10).

*As added by P.L.1-1997, SEC.1.*

**IC 31-9-2-58.5 "Indicated"**

Sec. 58.5. "Indicated", for purposes of IC 31-33-8-12, means facts obtained during an investigation of suspected child abuse or neglect that:

- (1) provide:
  - (A) significant indications that a child may be at risk for abuse or neglect; or
  - (B) evidence that abuse or neglect previously occurred;
- and
- (2) cannot be classified as substantiated or unsubstantiated.

*As added by P.L.70-2004, SEC.11.*

**31-9-2-101 "Reason to believe"**

Sec. 101. "Reason to believe", for purposes of IC 31-33, means evidence that, if presented to individuals of similar background and training, would cause the individuals to believe that a child was abused or neglected. *As added by P.L.1-1997, SEC.1.*

**31-9-2-106 "Registry"**

Sec. 106. (a) "Registry", for purposes of IC 31-19-5, refers to the putative father registry established by IC 31-19-5-2. (b) "Registry", for purposes of IC 31-33, refers to the child abuse registry established by the division of family and children under IC 31-33-17. *As added by P.L.1-1997, SEC.1.*

**31-9-2-123 "Substantiated"**

Sec. 123. "Substantiated", for purposes of IC 31-33, IC 31-34-8-4, and IC 31-37-9-5, means a determination regarding the status of a report made under IC 31-33 whenever facts obtained during an investigation of the report provide credible evidence that child abuse or neglect has occurred. *As added by P.L.1-1997, SEC.1.*

**31-9-2-128 "System"**

Sec. 128. "System", for purposes of IC 31-33-20, refers to the automated child protection system. *As added by P.L.1-1997, SEC.1.*



### **31-9-2-129 "Team"**

Sec. 129. (a) "Team", for purposes of IC 31-33-3, refers to a community child protection team appointed under IC 31-33-3. (b) "Team", for purposes of IC 31-34-24, has the meaning set forth in IC 31-34-24-2.

(c) "Team", for purposes of IC 31-37-24, has the meaning set forth in IC 31-37-24-2. *As added by P.L. 1-1997, SEC. 1. Amended by P.L. 55-1997, SEC. 12.*

### **31-9-2-132 "Unsubstantiated"**

Sec. 132. "Unsubstantiated", for purposes of IC 31-33 and IC 31-39-8-4, means a determination regarding the status of a report made under IC 31-33 whenever facts obtained during an investigation of the report provide credible evidence that child abuse or neglect has not occurred. *As added by P.L. 1-1997, SEC. 1.*

### **31-9-2-133 "Victim of child abuse or neglect"**

Sec. 133. (a) "Victim of child abuse or neglect", for purposes of IC 31-32-11-1 and IC 31-33, refers to a child in need of services as described in:

- (1) IC 31-34-1-1 through IC 31-34-1-5;
- (2) IC 31-34-1-10; or
- (3) IC 31-34-1-11.

(b) The term does not include a child who is alleged to be a child in need of services if the child is alleged to be a victim of a sexual offense under IC 35-42-4-3 unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts. *As added by P.L. 1-1997, SEC. 1.*

## **ARTICLE 10. GENERAL PROVISIONS**

### **Chapter 1. Effect of the Recodification Act of the 1997 Regular Session of the General Assembly**

#### **31-10-1-1 Purpose of recodification act**

Sec. 1. The purpose of the recodification act of the 1997 regular session of the general assembly is to recodify prior family law and juvenile law in a style that is clear, concise, and easy to interpret and apply. Except to the extent that:

- (1) the recodification act of the 1997 regular session of the general assembly is amended to reflect the changes made in a provision of another bill that adds to, amends, or repeals a provision in the recodification act of the 1997 regular session of the general assembly; or
- (2) the minutes of meetings of the code revision commission during 1996 expressly indicate a different purpose; the substantive operation and effect of the prior family law and juvenile law continue uninterrupted as if the recodification act of the 1997 regular session of the general assembly had not been enacted.

*As added by P.L. 1-1997, SEC. 2.*

## **ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT**

### **Chapter 1. General Provisions**

#### **31-33-1-1 Purpose of article**

Sec. 1. The purpose of this article is to:

- (1) encourage effective reporting of suspected or known incidents of child abuse or neglect;

- (2) provide in each county an effective child protection service to quickly investigate reports of child abuse or neglect;
- (3) provide protection for an abused or a neglected child from further abuse or neglect;

- (4) provide rehabilitative services for an abused or a neglected child and the child's parent, guardian, or custodian; and
- (5) establish a centralized statewide child abuse registry and an automated child protection system.

*As added by P.L. 1-1997, SEC. 16.*

### **Chapter 2. Establishment and Duties of Local Child Protection Service**

#### **31-33-2-1 Establishment by county offices of family and children**

Sec. 1. (a) Each county office of family and children shall establish within the county office of family and children a local child protection service to carry out this article.

- (b) In counties with populations greater than one hundred thousand (100,000), the child protection service must be a separate organizational unit administered and supervised by a person reporting directly to the county office of family and children. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-2 Staff; organization**

Sec. 2. The local child protection service:

- (1) must have sufficient qualified and trained staff to fulfill the purpose of this article;

- (2) must be organized to maximize the continuity of responsibility, care, and service of individual caseworkers toward individual children and families;

- (3) must provide training to representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing the representatives of their duties, in order to protect the legal rights and safety of children and families from the initial time of contact during the investigation through treatment; and

- (4) must provide training to representatives of the child protective services system regarding the constitutional rights of the child's family, including a child's guardian or custodian, that is the subject of an investigation of child abuse or neglect consistent with the Fourth Amendment to the United States Constitution and Article I, Section 11 of the Constitution of the State of Indiana.

*As added by P.L. 1-1997, SEC. 16; Amended by P.L. 7-2004, SEC. 12.*

#### **31-33-2-3 Powers and duties**

Sec. 3. (a) Except in cases involving a child who may be a victim of institutional abuse or cases in which police investigation also appears appropriate, the local child protection service is the primary public agency responsible for:

- (1) receiving;
  - (2) investigating or arranging for investigation; and
  - (3) coordinating;
- the investigation of all reports of a child who may be a victim of known or suspected child abuse or neglect.

- (b) In accordance with the local plan for the child protection services, the local child protection service shall, by juvenile court order:

- (1) provide protective services to prevent cases where a child may be a victim of further child abuse or neglect; and

(2) provide for or arrange for and coordinate and monitor the provision of the services necessary to ensure the safety of children.

(c) Reasonable efforts must be made to provide family services designed to prevent a child's removal from the child's parent, guardian, or custodian. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-4 Notice of existence of photographs, x-rays, and physical medical examination reports**

Sec. 4. The local child protection service shall give notice of the existence and location of photographs, x-rays, and physical medical examination reports to:

- (1) the prosecuting attorney; and
- (2) the appropriate law enforcement agency.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-5 Access to photographs, x-rays, and physical medical examination reports**

Sec. 5. Photographs, x-rays, or physical medical examination reports shall be made available to:

- (1) the county office of family and children;
- (2) the prosecuting attorney;
- (3) the guardian ad litem; or
- (4) the court appointed special advocate appointed by the juvenile court;

for use in any judicial proceeding relating to the subject matter of a report made under this article and, to the extent permissible under the Indiana Rules of Trial Procedure, to the adverse party in any proceeding arising under this article.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-6 Cooperation of public and private agencies**

Sec. 6. (a) The local child protection service shall cooperate with and shall seek and receive the cooperation of appropriate public and private agencies, including the following:

- (1) Law enforcement agencies.
- (2) The courts.
- (3) Organizations, groups, and programs providing or concerned with services related to the prevention, identification, or treatment of a child who may be a victim of child abuse or neglect.
- (b) The local child protection service shall also cooperate with public and private agencies, organizations, and groups that provide family services designed to prevent a child's removal from the child's home.
- (c) Cooperation and involvement under this section may include the following:
  - (1) Consultation services.
  - (2) Planning.
  - (3) Case management.
  - (4) Public education and information services.
  - (5) Utilization of each other's facilities, staff, and other training.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-7 Joint or multiple county child protection service; contract with adjacent county's office of family and children**

Sec. 7. (a) County offices of family and children located in adjacent counties may establish a joint or multiple county child protection service to carry out this article.

(b) A county office of family and children may contract with the county office of family and children of an adjacent county to provide child protection services to carry out this article. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-8 Purchase of services of public or private agency**

Sec. 8. (a) Notwithstanding any other law, the child protection service may purchase and use the services of any public or private agency if adequate provision is made for continuity of care and accountability between the local protection service and the agency.

(b) If the local child protection service purchases services under this article, the state shall reimburse the expenses, to the extent allowed by state and federal statutes, rules, and regulations, to the locality or agency in the same manner and to the same extent as if the services were provided directly by the local child protection service. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-2-9 Judicial review of director's decisions**

Sec. 9. The decisions of the director under this chapter are judicially reviewable under IC 4-21.5-5. *As added by P.L. 1-1997, SEC. 16.*

### **Chapter 3. Establishment of Community Child Protection Team**

#### **31-33-3-1 Members**

Sec. 1. (a) The community child protection team is a community-wide, multidisciplinary child protection team. The team must include the following eleven (11) members:

- (1) The director of the local child protection service or the director's designee.
- (2) Two (2) designees of the juvenile court judge.
- (3) The county prosecuting attorney or the prosecuting attorney's designee.
- (4) The county sheriff or the sheriff's designee.
- (5) Either:
  - (A) the president of the county executive in a county not containing a consolidated city or the president's designee; or
  - (B) the executive of a consolidated city in a county containing a consolidated city or the executive's designee.
- (6) A director of a court appointed special advocate or guardian ad litem program or the director's designee in the county in which the team is to be formed.
- (7) Either:
  - (A) a public school superintendent or the superintendent's designee; or
  - (B) a director of a local special education cooperative or the director's designee.
- (8) Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice.
- (9) One (1) citizen of the community.
- (b) The director of the county office of family and children shall appoint, subject to the approval of the director of the division of family and children, the members of the team under subsection (a)(7), (a)(8), and (a)(9). *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-2 Election of team coordinator**

Sec. 2. The team shall elect a team coordinator from the team's membership. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-3 Duties of team coordinator**

Sec. 3. The team coordinator shall supply the community child protection team with the following:

- (1) Copies of reports of child abuse or neglect under IC 31-33-7-1.

(2) Any other information or reports that the coordinator considers essential to the team's deliberations.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-4 Meetings; agenda**

Sec. 4. (a) The community child protection team shall meet:

(1) at least one (1) time each month; or

(2) at the times that the team's services are needed by the child protection service.

(b) Meetings of the team shall be called by the majority vote of the members of the team.

(c) The team coordinator or at least two (2) other members of the team may determine the agenda.

(d) Notwithstanding IC 5-14-1.5, meetings of the team are open only to persons authorized to receive information under this article. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-5 Diagnostic and prognostic services**

Sec. 5. The community child protection team:

(1) shall provide diagnostic and prognostic services for the local child protection service or the juvenile court; and

(2) may recommend to the local child protection service that a petition be filed in the juvenile court on behalf of the subject child if the team believes this would best serve the interests of the child.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-6 Review of child protection services and child abuse and neglect complaints**

Sec. 6. The community child protection team may receive and review:

(1) any case that the local child protection service has been involved in within the county where the team presides; and

(2) complaints regarding child abuse and neglect cases that are brought to the team by a person or an agency.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-7 Periodic reports**

Sec. 7. (a) The community child protection team's duties may include preparing a periodic report regarding the child abuse and neglect reports and complaints that the team reviews under this chapter.

(b) The periodic report may include the following information:

(1) The number of complaints under section 6 of this chapter that the team receives and reviews each month.

(2) A description of the child abuse and neglect reports that the team reviews each month, including the following information:

(A) The scope and manner of the interviewing process during the child abuse or neglect investigation.

(B) The timeliness of the investigation.

(C) The number of children removed from the home.

(D) The types of services offered.

(E) The number of child abuse and neglect cases filed with a court.

(F) The reasons that certain child abuse and neglect cases are not filed with a court.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-3-8 Confidentiality of matters reviewed**

Sec. 8. The members of the community child protection team are bound by all applicable laws regarding the confidentiality of matters reviewed by the team. *As added by P.L. 1-1997, SEC. 16.*

### **Chapter 4. Local Plan for Provision of Child Protection Services**

#### **31-33-4-1 Preparation and submission of local plan**

Sec. 1. Before February 2 of each odd-numbered year, each county office of family and children, after a public hearing, shall:

(1) prepare a local plan for the provision of child protection services; and

(2) submit the plan to:

(A) the director after consultation with local law enforcement agencies;

(B) a juvenile court;

(C) the community child protection team as provided for in IC 31-33-3-1; and

(D) appropriate public or voluntary agencies, including organizations for the prevention of child abuse or neglect.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-4-2 Description of implementation**

Sec. 2. The local plan must describe the county office of family and children's implementation of this article, including the following:

(1) Organization.

(2) Staffing.

(3) Mode of operations.

(4) Financing of the child protection services.

(5) The provisions made for the purchase of service and interagency relations.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-4-3 Certification**

Sec. 3. (a) Not later than sixty (60) days after receiving the plan, the director shall certify whether the local plan fulfills the purposes and meets the requirements of this article.

(b) If the director certifies that the local plan does not fulfill the purposes and meet the requirements of this article, the director:

(1) shall state the reasons for the decision; and

(2) may withhold state reimbursement for any part of the county office of family and children's activities relating to this article.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-4-4 Judicial review of director's decisions**

Sec. 4. The decisions of the director under this chapter are judicially reviewable under IC 4-21.5-5. *As added by P.L. 1-1997, SEC. 16.*

### **Chapter 5. Duty to Report Child Abuse or Neglect**

#### **31-33-5-1 Duty to make report**

Sec. 1. In addition to any other duty to report arising under this article, an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report as required by this article. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-5-2 Notification of individual in charge of institution, school, facility, or agency; report**

Sec. 2. (a) If an individual is required to make a report under this article in the individual's capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, the individual shall immediately notify the individual in

charge of the institution, school, facility, or agency or the designated agent of the individual in charge of the institution, school, facility, or agency.

(b) An individual notified under subsection (a) shall report or cause a report to be made. *As added by P.L.1-1997, SEC.16.*

#### **31-33-5-3 Effect of compliance on individual's own duty to report**

Sec. 3. This chapter does not relieve an individual of the obligation to report on the individual's own behalf, unless a report has already been made to the best of the individual's belief. *As added by P.L.1-1997, SEC.16.*

#### **31-33-5-4 Immediate oral report to local child protection service or law enforcement agency**

Sec. 4. A person who has a duty under this chapter to report that a child may be a victim of child abuse or neglect shall immediately make an oral report to:

- (1) the local child protection service; or
- (2) the local law enforcement agency.

*As added by P.L.1-1997, SEC.16.*

### **Chapter 6. Immunity of Persons Who Report Child Abuse or Neglect**

#### **31-33-6-1 Immunity from civil or criminal liability**

Sec. 1. Except as provided in section 2 of this chapter, a person, other than a person accused of child abuse or neglect, who:

- (1) makes or causes to be made a report of a child who may be a victim of child abuse or neglect;
- (2) is a health care provider and detains a child for purposes of causing photographs, x-rays, or a physical medical examination to be made under IC 31-33-10;
- (3) makes any other report of a child who may be a victim of child abuse and neglect; or
- (4) participates in any judicial proceeding or other proceeding:
  - (A) resulting from a report that a child may be a victim of child abuse or neglect; or
  - (B) relating to the subject matter of the report;

is immune from any civil or criminal liability that might otherwise be imposed because of such actions.

*As added by P.L.1-1997, SEC.16.*

#### **31-33-6-2 Exception for malice or bad faith**

Sec. 2. Immunity does not attach for a person who has acted maliciously or in bad faith. *As added by P.L.1-1997, SEC.16.*

#### **31-33-6-3 Presumption of good faith**

Sec. 3. A person making a report that a child may be a victim of child abuse or neglect or assisting in any requirement of this article is presumed to have acted in good faith. *As added by P.L.1-1997, SEC.16.*

### **Chapter 7. Receipt of Reports of Suspected Child Abuse or Neglect**

#### **31-33-7-1 Arrangement for receipt of reports**

Sec. 1. The local child protection service shall arrange for receipt, on a twenty-four (24) hour, seven (7) day per week basis, of all reports under this article of suspected child abuse or neglect. *As added by P.L.1-1997, SEC.16.*

#### **31-33-7-2 Standardized phone access system**

Sec. 2. To carry out section 1 of this chapter, a local child protection service must use a phone access system for receiving calls that is standardized among all counties. The division of family and children shall adopt rules under IC 4-22-2 for the administration of this section. *As added by P.L.1-1997, SEC.16.*

#### **31-33-7-3 Child abuse hotline**

Sec. 3. Each local child protection service shall cause to be inserted in each local telephone directory in the county a listing of the child abuse hotline's telephone number under the name "child abuse hotline". The child abuse hotline number under this section must be included with the other emergency numbers listed in the directory. *As added by P.L.1-1997, SEC.16.*

#### **31-33-7-4 Written report; contents**

Sec. 4. (a) The local child protection service shall make a written report of a child who may be a victim of child abuse or neglect not later than forty-eight (48) hours after receipt of the oral report required of individuals by IC 31-33-5-4.

(b) Written reports under this section must be made on forms supplied by the administrator. The written reports must include, if known, the following information:

(1) The names and addresses of the following:

(A) The child.

(B) The child's parents, guardian, custodian, or other person responsible for the child's care.

(2) The child's age and sex.

(3) The nature and apparent extent of the child's injuries, abuse, or neglect, including any evidence of prior:

(A) injuries of the child; or

(B) abuse or neglect of the child or the child's siblings.

(4) The name of the person allegedly responsible for causing the injury, abuse, or neglect.

(5) The source of the report.

(6) The person making the report and where the person can be reached.

(7) The actions taken by the reporting source, including the following:

(A) Taking of photographs and x-rays.

(B) Removal or keeping of the child.

(C) Notifying the coroner.

(8) The written documentation required by IC 31-34-2-3 if a child was taken into custody without a court order.

(9) Any other information that:

(A) the director requires by rule; or

(B) the person making the report believes might be helpful.

*As added by P.L.1-1997, SEC.16.*

#### **31-33-7-5 Written report; copies made available to law enforcement agencies, prosecuting attorney, and coroner**

Sec. 5. A copy of the written report of the local child protection service shall immediately be made available to:

(1) the appropriate law enforcement agency;

(2) the prosecuting attorney; and

(3) in a case involving death, the coroner for the coroner's consideration.

*As added by P.L.1-1997, SEC.16.*

### **31-33-7-6 Coroner's investigation and report**

Sec. 6. Upon receiving a written report under section 5(3) of this chapter, the coroner shall:

- (1) accept a report for investigation; and
- (2) report the coroner's findings to:
  - (A) the appropriate law enforcement agency;
  - (B) the prosecuting attorney;
  - (C) the local child protection service; and
  - (D) the hospital if the institution making the report is a hospital.

*As added by P.L. 1-1997, SEC. 16.*

### **31-33-7-6.5 Expungement of child abuse or neglect information**

Sec. 6.5. Child abuse or neglect information may be expunged under IC 31-39-8 if the probative value of the information is so doubtful as to outweigh its validity. Child abuse or neglect information shall be expunged if it is determined to be unsubstantiated after:

- (1) an investigation of a report of a child who may be a victim of child abuse or neglect by the child protection service; or
- (2) a court proceeding.

*As added by P.L. 2-1998, SEC. 78.*

### **31-33-7-7 Law enforcement agency investigation and communication of information**

Sec. 7. (a) When a law enforcement agency receives an initial report under IC 31-33-5-4 that a child may be a victim of child abuse or neglect, the law enforcement agency shall:

- (1) immediately communicate the report to the local child protection service, whether or not the law enforcement agency has reason to believe there exists an imminent danger to the child's health or welfare; and
- (2) conduct an immediate, onsite investigation of the report along with the local child protection service whenever the law enforcement agency has reason to believe that an offense has been committed.

(b) In all cases, the law enforcement agency shall forward any information, including copies of investigation reports, on incidents of cases in which a child may be a victim of child abuse or neglect, whether or not obtained under this article, to:

- (1) the local child protection agency; and
- (2) the juvenile court under IC 31-34-7.

*As added by P.L. 1-1997, SEC. 16.*

### **31-33-7-8 Reports to health care providers and schools; contents; confidentiality**

Sec. 8. (a) This section applies if the local child protection service receives a report of suspected child abuse or neglect from:

- (1) a hospital;
- (2) a community mental health center;
- (3) a managed care provider (as defined in IC 12-7-2-127(b));
- (4) a referring physician;
- (5) a dentist;
- (6) a licensed psychologist; or
- (7) a school.

(b) Not later than thirty (30) days after the date a local child protection service receives a report of suspected child abuse or neglect from a person described in subsection (a), the child protection service shall send a report to:

- (1) the administrator of the hospital;
- (2) the community mental health center;
- (3) the managed care provider;

- (4) the referring physician;
- (5) the dentist; or
- (6) the principal of the school.

The report must contain the items listed in subsection (e) that are known at the time the report is sent.

(c) Not later than ninety (90) days after the date a local child protection service receives a report of suspected child abuse or neglect, the local child protection service shall send a report that contains any additional items listed in subsection (e) that were not covered in the prior report if available.

(d) The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

(e) A report made by the local child protection service under this section must contain the following information:

- (1) The name of the alleged victim of child abuse or neglect.
- (2) The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim.
- (3) Whether the case is closed.
- (4) Whether information concerning the case has been expunged.
- (5) The name of any agency to which the alleged victim has been referred.
- (6) Whether the local child protection service has made an investigation of the case and has not taken any further action.
- (7) Whether a substantiated case of child abuse or neglect was informally adjusted.
- (8) Whether the alleged victim was referred to the juvenile court as a child in need of services.
- (9) Whether the alleged victim was returned to the victim's home.
- (10) Whether the alleged victim was placed in residential care outside the victim's home.
- (11) Whether a wardship was established for the alleged victim.
- (12) Whether criminal action is pending or has been brought against the alleged perpetrator.
- (13) A brief description of any casework plan that has been developed by the child protection service.
- (14) The caseworker's name and telephone number.
- (15) The date the report is prepared.
- (16) Other information that the division of family and children may prescribe.

(f) A report made under this section:

- (1) is confidential; and
- (2) may be made available only to:
  - (A) the agencies named in this section; and
  - (B) the persons and agencies listed in IC 31-33-18-2.

*As added by P.L. 1-1997, SEC. 16.*

## **Chapter 8. Investigation of Reports of Suspected Child Abuse or Neglect**

### **31-33-8-1 Investigations by local child protection service; time of initiation**

Sec. 1. (a) The local child protection service shall initiate an immediate and appropriately thorough child protection investigation of every report of known or suspected child abuse or neglect the local child protection service receives, whether in accordance with this article or otherwise.

(b) Subject to subsections (d) and (e), if the report alleges a child may be a victim of child abuse, the investigation shall be initiated immediately, but not later than twenty-four (24) hours after receipt of the report.

(c) Subject to subsections (d) and (e), if reports of child neglect are received, the investigation shall be initiated within a reasonably prompt time, but not later than five (5) days, with the primary consideration being the well-being of the child who is the subject of the report.

(d) If the immediate safety or well-being of a child appears to be endangered or the facts otherwise warrant, the investigation shall be initiated regardless of the time of day.

(e) If the child protection service has reason to believe that the child is in imminent danger of serious bodily harm, the child protection service shall initiate within one (1) hour an immediate, onsite investigation. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-2 Investigations by law enforcement agencies**

Sec. 2. (a) Upon the receipt of each report under this chapter of known or suspected child abuse, the local child protection service shall contact the law enforcement agency in the appropriate jurisdiction.

(b) The law enforcement agency, with the local child protection service, shall conduct an immediate onsite investigation of the report if the law enforcement agency has reason to believe that an offense has been committed. The law enforcement agency shall investigate the alleged child abuse or neglect under this chapter in the same manner that the law enforcement agency conducts any other criminal investigation. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-3 Photographs and x-rays**

Sec. 3. (a) Except as provided in subsection (b), the local child protection service shall:

(1) cause color photographs to be taken of the areas of trauma visible on a child who is subject to a report; and,  
(2) if medically indicated, cause a radiological examination of the child to be performed.

(b) If the law enforcement agency participates in the investigation, the law enforcement agency shall cause the color photographs to be taken as provided by this section.

(c) The division of family and children shall reimburse the expenses of the photographs and x-rays. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-4 Notice to prosecuting attorney of reports involving child's death**

Sec. 4. The law enforcement agency shall:

(1) give telephone notice; and  
(2) immediately forward a copy;  
of reports made under this article that involve the death of a child to the appropriate prosecuting attorney.

*As added by P.L.1-1997, SEC.16.*

#### **31-33-8-5 Forwarding of copies of reports to prosecuting attorney**

Sec. 5. The local child protection service shall immediately forward a copy of all reports made under this article to the appropriate prosecuting attorney if the prosecuting attorney has made a prior request to the service in writing for the copies. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-6 Investigatory duties of local child protection service; purpose**

Sec. 6. The local child protection service shall promptly make a thorough investigation upon either the oral or written report. The

primary purpose of the investigation is the protection of the child. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-7 Scope of investigation by local child protection service; order for access to home, school, or other place, or for mental or physical examinations**

Sec. 7. (a) The local child protection service's investigation, to the extent that is reasonably possible, must include the following:

(1) The nature, extent, and cause of the known or suspected child abuse or neglect.

(2) The identity of the person allegedly responsible for the child abuse or neglect.

(3) The names and conditions of other children in the home.

(4) An evaluation of the parent, guardian, custodian or person responsible for the care of the child.

(5) The home environment and the relationship of the child to the parent, guardian, or custodian or other persons responsible for the child's care.

(6) All other data considered pertinent.

(b) The investigation may include the following:

(1) A visit to the child's home.

(2) An interview with the subject child.

(3) A physical, psychological, or psychiatric examination of any child in the home.

(c) If:

(1) admission to the home, the school, or any other place that the child may be; or

(2) permission of the parent, guardian, custodian, or other persons responsible for the child for the physical, psychological, or psychiatric examination;

under subsection (b) cannot be obtained, the juvenile court, upon good cause shown, shall follow the procedures under IC 31-32-12.

*As added by P.L.1-1997, SEC.16.*

#### **31-33-8-8 Order for child's immediate removal; preparation of investigative report**

Sec. 8. (a) If, before the investigation is complete, the opinion of the law enforcement agency or the local child protection service is that immediate removal is necessary to protect the child from further abuse or neglect, the juvenile court may issue an order under IC 31-32-13.

(b) The child protection service shall make a complete written report of the investigation.

(c) If a law enforcement agency participates in the investigation, the law enforcement agency shall also make a complete written report of the investigation. *As added by P.L.1-1997, SEC.16.*

#### **31-33-8-9 Provision of copies of investigative report by local child protection service**

Sec. 9. (a) The local child protection service's report under section 8 of this chapter shall be made available to:

(1) the appropriate court;

(2) the prosecuting attorney; or

(3) the appropriate law enforcement agency;  
upon request.

(b) If child abuse or neglect is substantiated after an investigation is conducted under section 7 of this chapter, the local child protection service shall forward its report to the office of the prosecuting attorney having jurisdiction in the county in which the alleged child abuse or neglect occurred.

(c) If the investigation substantiates a finding of child abuse or neglect as determined by the local child protection service, a report shall be sent to the coordinator of the community child protection team under IC 31-33-3. *As added by P.L. 1-1997, SEC. 16. Amended by P.L. 35-1998, SEC. 4.*

**31-33-8-10 Provision of information and copies of investigative report by law enforcement agency**

Sec. 10. If the law enforcement agency participates in the child abuse or neglect investigation, the law enforcement agency shall forward all information, including copies of an investigation report under section 7 of this chapter, on an incident in which a child may be a victim of alleged child abuse or neglect, whether obtained under this article or not, to the office of the prosecuting attorney. *As added by P.L. 1-1997, SEC. 16.*

**31-33-8-11 Law enforcement agency's duty to release information to local child protection service**

Sec. 11. In all cases, the law enforcement agency shall release information on an incident in which a child may be a victim of alleged child abuse or neglect, whether obtained under this article or not, to the local child protection service. *As added by P.L. 1-1997, SEC. 16.*

**31-33-8-12 Classification of reports as substantiated or unsubstantiated**

Sec. 12. a) Upon completion of an investigation, the local child protection service shall classify reports as substantiated, indicated, or unsubstantiated.

(b) Except as provided in subsection (c), a local child protection service shall expunge investigation records one (1) year after a report has been classified as indicated under subsection (a).

(c) If a local child protection service has:

(1) classified a report under subsection (a) as indicated; and

(2) not expunged the report under subsection (b);

and the subject of the report is the subject of a subsequent report, the one (1) year period in subsection (b) is tolled for one (1) year after the date of the subsequent report.

*As added by P.L. 1-1997, SEC. 16; Amended by P.L. 70-2004, SEC. 13.*

**31-33-8-13 Transmission of report to registry**

Sec. 13. Whenever:

(1) an arrest relating to child abuse or neglect is made, the law enforcement agency that makes the arrest;

(2) criminal charges relating to child abuse or neglect are filed, the court in which the charges are filed;

(3) a child in need of services determination is made, the local child protection service that files the petition upon which the determination is based;

(4) a court approves a program of informal adjustment under IC 31-34-8 arising out of a child abuse or neglect report, the appropriate child protection service; or

(5) a person who is accused of child abuse or neglect:

(A) enters into a services referral agreement; and

(B) fails to substantially comply with the terms of the services referral agreement;

under IC 31-33-13, the local child protection service that obtains the agreement from the person;

shall transmit to the registry, not more than five (5) working days after the circumstances described by subdivisions (1) through (5) occur, the relevant child abuse or neglect report.

*As added by P.L. 1-1997, SEC. 16.*

**31-33-8-14 Transmission to registry of information regarding dismissal of criminal case, not guilty verdict, or determination that child abuse or neglect has not occurred**

Sec. 14. Whenever:

(1) a court with criminal jurisdiction dismisses a case or enters a not guilty verdict in a case arising out of child abuse or neglect; or

(2) a court with jurisdiction over a child in need of services proceeding determines that child abuse or neglect has not occurred;

the court shall forward information regarding the disposition of the case under this chapter to the registry not more than five (5) working days after the court acts as described by subdivisions (1) through (2).

*As added by P.L. 1-1997, SEC. 16.*

**Chapter 9. Designation of Public or Private Agencies to Investigate Reports of Abuse or Neglect Involving a Child Under the Care of a Public or Private Institution**

**31-33-9-1 Written protocol or agreement designating agency primarily responsible for investigation**

Sec. 1. (a) Through a written protocol or agreement, the division of family and children shall designate the public or private agencies primarily responsible for investigating reports involving a child who:

(1) may be a victim of child abuse or neglect; and

(2) is under the care of a public or private institution.

(b) The designated agency must be different from and separately administered from the agency involved in the alleged act or omission. Subject to this limitation, the agency:

(1) may be:

(A) the division of family and children;

(B) the local child protection service; or

(C) a law enforcement agency; and

(2) may not be the office of the prosecuting attorney.

*As added by P.L. 1-1997, SEC. 16.*

**31-33-9-2 Terms or conditions of protocol or agreement**

Sec. 2. The protocol or agreement must describe the specific terms or conditions of the designation, including the following:

(1) The manner in which reports of a child who may be a victim of child abuse or neglect and who is under the care of a public or private institution will be received.

(2) The manner in which the reports will be investigated.

(3) The remedial action that will be taken.

(4) The manner in which the division of family and children will be kept fully informed on the progress, findings, and disposition of the investigation.

*As added by P.L. 1-1997, SEC. 16.*

**31-33-9-3 Purchase of services of public or private agency**

Sec. 3. To fulfill the purposes of this chapter, the division of family and children may purchase the services of the public or private agency designated to investigate reports of child abuse or neglect. *As added by P.L. 1-1997, SEC. 16.*

**Chapter 10. Duty of Health Care Provider to Examine, Photograph, and X-ray Child Who Is Subject of Child Abuse or Neglect Report**

### **31-33-10-1 Duty to photograph, x-ray, and physically examine trauma visible on child**

Sec. 1. (a) A person who:

- (1) is required to report cases of known or suspected child abuse or neglect; and
  - (2) is also a health care provider or a person in charge of a hospital or similar medical institution treating the child; shall cause photographs to be taken of the areas of trauma visible on the child who is the subject of a report.
- (b) If medically indicated, a physician may cause a radiological examination or a physical medical examination, or both, of the child to be performed. *As added by P.L.1-1997, SEC.16.*

### **31-33-10-2 Photographs, x-rays, and physical medical examinations; reimbursement of costs**

Sec. 2. The division of family and children shall reimburse the reasonable cost of photographs, x-rays, or physical medical examinations made under this chapter. *As added by P.L.1-1997, SEC.16.*

### **31-33-10-3 Photographs, x-rays, and physical medical examinations; delivery to local child protection service; notice of existence**

Sec. 3. All photographs taken and a summary of x-rays and other medical care shall be sent to the local child protection service at the time the written report is sent or as soon thereafter as possible. The local child protection service shall give notice of the existence of photographs, x-rays, and physical medical examination reports in accordance with IC 31-33-2-4. *As added by P.L.1-1997, SEC.16.*

## **Chapter 11. Duty of Hospital Not to Release Child Who Is Subject of Child Abuse or Neglect Report**

### **31-33-11-1 Conditions for release of child under investigation for abuse or neglect; expenses of extended hospital stay**

Sec. 1. (a) Whenever:

- (1) a child is subject to investigation by a local child protection service for reported child abuse or neglect;
- (2) the child is a patient in a hospital; and
- (3) the hospital has reported or has been informed of the report and investigation;

the hospital may not release the child to the child's parent, guardian, custodian, or to a court approved placement until the hospital receives authorization or a copy of a court order from the investigating local child protection service indicating that the child may be released to the child's parent, guardian, custodian, or court approved placement.

(b) If the authorization that is granted under this section is verbal, the investigating local child protection service shall send a letter to the hospital confirming that the local child protection service has granted authorization for the child's release.

(c) The individual or third party payor responsible financially for the hospital stay of the child remains responsible for any extended stay under this section. If no party is responsible for the extended stay, the division of family and children shall pay the expenses of the extended hospital stay. *As added by P.L.1-1997, SEC.16.*

## **Chapter 12. Offer of Services to Family Following Investigation of Report of Child Abuse or Neglect**

### **31-33-12-1 Offer of social services**

Sec. 1. Based on the investigation and evaluation conducted under this article, the local child protection service shall offer to the family or any child believed to be suffering from child abuse or neglect:

- (1) family services;
  - (2) rehabilitative services; or
  - (3) both types of services;
- that appear appropriate for either the child or the family.

*As added by P.L.1-1997, SEC.16.*

### **31-33-12-2 Provision of information on obligations and authority of local child protection service**

Sec. 2. Before offering services under section 1 of this chapter to a family, the local child protection service:

- (1) shall explain that the local child protection service has no legal authority to compel the family to receive the social services; and
- (2) may inform the family of the obligations and authority of the local child protection service to petition a juvenile court for a proceeding alleging that the child may be a victim of child abuse or neglect.

*As added by P.L.1-1997, SEC.16.*

### **31-33-12-3 Coordination, arrangement, and monitoring of services**

Sec. 3. The local child protection service shall coordinate, provide or arrange for, and monitor, as authorized by this article and IC 12, family or rehabilitative services, or both types of services, for a child and the child's family on a voluntary basis or under an order of the court, subject to IC 31-34-11 and IC 31-34-18. *As added by P.L.1-1997, SEC.16.*

## **Chapter 13. Voluntary Services Referral Agreement Between Person Accused of Child Abuse or Neglect and Local Child Protection Service**

### **31-33-13-1 Application of chapter**

Sec. 1. This chapter applies if:

- (1) a child abuse or neglect report is classified as substantiated;
- (2) the local child protection service does not seek court involvement under IC 31-34; and
- (3) the local child protection service recommends voluntary participation in family or rehabilitative services for not more than six (6) months.

*As added by P.L.1-1997, SEC.16.*

### **31-33-13-2 Voluntary agreement to participate in and complete family or rehabilitation services**

Sec. 2. A person who is accused of child abuse or neglect may enter into a voluntary services referral agreement with the local child protection service under this chapter. Under the terms of the agreement, the person shall successfully participate in and complete any family or rehabilitative services recommended by the local child protection service. *As added by P.L.1-1997, SEC.16.*

### **31-33-13-3 Noncompliance; termination of agreement and entry of report in child abuse registry**

Sec. 3. If a person who enters into an agreement under section 2 of this chapter (or IC 31-6-11-13.5(b) before its repeal) fails to



substantially carry out the terms of the agreement, the local child protection service shall:

- (1) terminate the agreement; and
- (2) forward the child abuse or neglect report relating to the person to the division of family and children for entry into the registry under IC 31-33-17.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-13-4 Advice regarding effect of noncompliance**

Sec. 4. Before a person enters into a services referral agreement under this chapter, the local child protection service shall advise the person, orally and in writing, that the division of family and children shall enter information contained in the child abuse or neglect report that gave rise to the service referral agreement into the registry as provided under IC 31-33-17 if the person fails to substantially comply with the terms of the agreement. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-13-5 Court access to information relating to agreement**

Sec. 5. The local child protection service shall provide a court with access to information relating

to a services referral agreement whenever the court:

- (1) approves a program of informal adjustment; or
- (2) presides over a child in need of services proceeding; involving the same person or family to whom services were recommended under the services referral agreement.

*As added by P.L. 1-1997, SEC. 16.*

### **Chapter 14. Referral of Case to Juvenile Court Following Investigation of Report of Child Abuse or Neglect; Juvenile Court Proceeding**

#### **31-33-14-1 Referral to juvenile court or prosecuting attorney**

Sec. 1. If the local child protection service determines that the best interests of the child require action in the juvenile or criminal court, the local child protection service shall:

- (1) refer the case to the juvenile court under IC 31-34-7; or
- (2) make a referral to the prosecuting attorney if criminal prosecution is desired.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-14-2 Duty of local child protection services to assist court**

Sec. 2. The local child protection service shall assist the juvenile court or the court having criminal jurisdiction during all stages of the proceedings in accordance with the purposes of this article.

*As added by P.L. 1-1997, SEC. 16.*

### **Chapter 15. Appointment of Guardian Ad Litem or Court Appointed Special Advocate**

#### **31-33-15-1 Appointment**

Sec. 1. In every judicial proceeding under this article, the court may appoint for the child a guardian ad litem or a court appointed special advocate, or both, under IC 31-32-3. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-15-2 Access to reports**

Sec. 2. The guardian ad litem or the court appointed special advocate, or both, shall be given access under IC 31-39 to:

- (1) all reports relevant to the case; and

(2) any reports of examinations of the child's parents or other person responsible for the child's welfare.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-15-3 Costs of services of guardian ad litem**

Sec. 3. Any costs related to the services of a guardian ad litem shall be paid according to IC 31-40. *As added by P.L. 1-1997, SEC. 16.*

### **Chapter 16. Review of Status of Child by Juvenile Court**

#### **31-33-16-1 Review of status of child removed from family**

Sec. 1. The juvenile court shall review the status of a child removed from the child's family under this article (or IC 31-6-11 before its repeal) according to IC 31-34-21. *As added by P.L. 1-1997, SEC. 16.*

### **Chapter 17. Child Abuse Registry**

#### **IC 31-33-17-0.5 "Child care provider" defined**

Sec. 0.5. As used in this chapter, "child care provider" means a person who provides child care (as defined in IC 12-7-2-28.2) regardless of whether the person is required to be licensed or registered under IC 12-17-2-5.

*As added by P.L. 36-2001, SEC. 2.*

#### **31-33-17-1 Establishment and purpose**

Sec. 1. The division of family and children shall establish and maintain a centralized, computerized child abuse registry for the purpose of organizing and accessing data regarding substantiated reports of child abuse and neglect described under section 2 of this chapter that the division of family and children receives from throughout Indiana under this article. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-17-2 Entry of substantiated reports**

Sec. 2. The division of family and children shall enter a substantiated report into the registry only if at least one (1) of the following applies:

- (1) An arrest of the alleged perpetrator of the child abuse or neglect is made.
- (2) Criminal charges are filed in state or federal court against the alleged perpetrator of the child abuse or neglect.
- (3) A court determines that a child is a child in need of services based on a report of child abuse or neglect.
- (4) A court approves a program of informal adjustment relating to the child abuse or neglect report under IC 31-34-8.
- (5) A person does not substantially comply with the terms of a services referral agreement under IC 31-33-13.

*As added by P.L. 1-1997, SEC. 16.*

#### **31-33-17-3 Entry of unsubstantiated reports prohibited**

Sec. 3. The division of family and children may not enter an unsubstantiated report into the registry. *As added by P.L. 1-1997, SEC. 16.*

#### **31-33-17-4 Format of data**

Sec. 4. The division of family and children shall store data regarding the child abuse or neglect reports in a manner so that the data is accessible under the following if known:

- (1) The child's name.
- (2) The child's date of birth.

- (3) The alleged perpetrator's name.
  - (4) The child's mother's name.
  - (5) The child's father's name.
  - (6) The name of a sibling of the child.
  - (7) The name of the child's guardian or custodian if applicable.
- As added by P.L. 1-1997, SEC. 16.*

### **31-33-17-5 Rules ensuring confidentiality and access to reports**

Sec. 5. The division of family and children shall adopt rules under IC 4-22-2 for the purpose of ensuring that the confidentiality and access to reports of child abuse or neglect are maintained as provided in this chapter. *As added by P.L. 1-1997, SEC. 16.*

### **31-33-17-6 Access to information**

Sec. 6. Upon request, a person or an organization may have access to information contained in the registry as follows:

- (1) A law enforcement agency or local child protective service may have access to a substantiated report.
- (2) A person may have access to information consisting of an identifiable notation of a conviction arising out of a report of child abuse or neglect.
- (3) Upon submitting written verification of an application for employment or a consent for release of information signed by a child care provider, a person or an agency may obtain the following information contained in the child abuse registry regarding an individual who has applied for employment or volunteered for services in a capacity that would place the individual in a position of trust with children less than eighteen (18) years of age or regarding a child care provider who is providing or may provide child care for the person's child:

(A) Whether a child was found by a court to be a child in need of services based on a report of child abuse or neglect naming the applicant, volunteer, or child care provider as the alleged perpetrator.

(B) Whether criminal charges were filed against the applicant, volunteer, or child care provider based on a report of child abuse or neglect naming the applicant, volunteer, or child care provider as the alleged perpetrator.

(C) Whether a court has issued an arrest warrant for the applicant, volunteer, or child care provider based on a report of child abuse or neglect in which the applicant, volunteer, or child care provider is named as the alleged perpetrator.

(4) A person may have access to whatever information is contained in the registry pertaining to the person, with protection for the identity of:

(A) the person who reports the alleged child abuse or neglect; and

(B) any other appropriate person.

(5) A person or an agency to whom child abuse and neglect reports are available under IC 31-33-18 may also have access to information contained in the registry.

(6) If a child care provider provides child care in the provider's home, upon submitting a consent for release of information signed by an individual who is at least eighteen (18) years of age, who resides with the child care provider, and who may have direct contact with children for whom the provider provides child care, a person may obtain the following information contained in the child abuse registry regarding the individual:

(A) Whether a child was found by a court to be a child in need of services based on a report of child abuse or neglect naming the individual as the alleged perpetrator.

(B) Whether criminal charges were filed against the individual based on a report of child abuse or neglect naming the individual as the alleged perpetrator.

(C) Whether a court has issued an arrest warrant for the individual based on a report of child abuse or neglect in which the individual is named as the alleged perpetrator.

(7) The division of family and children may use the following information contained in the registry regarding an individual described in IC 12-17.2-3.5-4.1 (a) for purposes of determining the eligibility of a child care provider to receive a voucher payment (as defined in IC 12-17.2-3.5-3):

(A) Whether a child has been found by a court to be a child in need of services based on a report of child abuse or neglect naming the individual as the alleged perpetrator.

(B) Whether criminal charges have been filed against the individual based on a report of child abuse or neglect naming the individual as the alleged perpetrator.

(C) Whether a court has issued an arrest warrant for the individual based on a report of child abuse or neglect in which the individual is named as the alleged perpetrator.

The division of family and children may not disclose information used in connection with the division's activities under this subdivision.

*As added by P.L. 1-1997, SEC. 16. Amended by P.L. 36-2001, SEC. 3. Amended by P.L. 109-2002, SEC. 13; P.L. 18-2003, SEC. 33.*

### **31-33-17-7 Administration of registry and automated child protection system**

Sec. 7. The division of family and children shall administer the registry and each local child protection service shall administer the automated child protection system under IC 31-33-20 in a manner that enables the division of family and children or each local child protection service to do the following:

- (1) Immediately identify and locate prior reports of child abuse or neglect through the use of the division of family and children's computerized tracking system and the local child protection service's automated risk assessment system.
- (2) Track steps in the investigative process to ensure compliance with all requirements for a report of child abuse and neglect.
- (3) Maintain and produce aggregate statistical reports monitoring patterns of child abuse and neglect that the division of family and children shall make available to the public upon request.
- (4) Serve as a resource for the evaluation, management, and planning of preventative and remedial services to children who have been subject to child abuse or neglect.

*As added by P.L. 1-1997, SEC. 16.*

### **31-33-17-8 Notice of entry of report; request for administrative hearing by alleged perpetrator**

Sec. 8. (a) This section does not apply to substantiated cases if a court determines that a child is a child in need of services based on a report of child abuse or neglect that names the alleged perpetrator as the individual who committed the alleged child abuse or neglect.

(b) Not later than thirty (30) days after the division of family and children enters a substantiated child abuse or neglect report into the registry, the division of family and children shall notify:

- (1) the parent, guardian, or custodian of the child who is named in the report as the victim of the child abuse or neglect; and
- (2) the alleged perpetrator, if other than the child's parent, guardian, or custodian, named in the report under IC 31-33-5-4;

that the division of family and children has entered the report into the registry.

(c) The division of family and children shall state the following in a notice to an alleged perpetrator of a substantiated report under subsection (b):

(1) The report has been classified as substantiated.

(2) The alleged perpetrator may request that a substantiated report be amended or expunged at an administrative hearing if the alleged perpetrator does not agree with the classification of the report unless a court is in the process of making a determination described in IC 31-33-19.

(3) The alleged perpetrator's request for an administrative hearing to contest the classification of a substantiated report must be received by the division of family and children not more than thirty (30) days after the alleged perpetrator receives the notice.

(d) If the alleged perpetrator fails to request an administrative hearing within the time specified in subsection (c)(3), the alleged perpetrator named in a substantiated report may request an administrative hearing to contest the classification of the report if the alleged perpetrator demonstrates that the failure to request an administrative hearing was due to excusable neglect or fraud. The Indiana Rules of Civil Procedure provide the standard for excusable neglect or fraud. *As added by P.L.1-1997, SEC.16.*

### **31-33-17-9 Duties of Indiana criminal justice institute**

Sec. 9. The Indiana criminal justice institute shall do the following:

(1) Coordinate training for persons who operate the registry under this chapter.

(2) Ensure that a representative from each of the following conducts part of the training:

(A) A law enforcement agency.

(B) An office of the county prosecuting attorney.

*As added by P.L.1-1997, SEC.16.*

### **31-33-17-10 Notice of name change**

Sec. 10. (a) Whenever a court grants a name change under IC 34-28-2 (or IC 34-4-6 before its repeal) to a person:

(1) against whom an allegation of child abuse or neglect has been substantiated; and

(2) whose name is maintained within the registry in accordance with this chapter;

the person must notify the division of family and children regarding the name change not more than ten (10) business days after the court enters a decree changing the person's name.

(b) The notice must include a copy of the decree of the court that changes the name of the person, certified under the seal of the clerk of court. *As added by P.L.1-1997, SEC.16. Amended by P.L.1-1998, SEC.168.*

## **Chapter 18. Disclosure of Reports; Confidentiality Requirements**

### **31-33-18-1 Confidentiality of reports and photographs**

Sec. 1. (a) Except as provided in section 1.5 of this chapter, the following are confidential:

(1) Reports made under this article (or IC 31-6-11 before its repeal).

(2) Any other information obtained, reports written, or photographs taken concerning the reports in the possession of:

(A) the division of family and children;

(B) the county office of family and children; or

(C) the local child protection service.

(b) Except as provided in section 1.5 of this chapter, all records held by:

(1) the division of family and children;

(2) a county office of family and children;

(3) a local child protection service;

(4) a local child fatality review team established under IC 12-13-15; or

(5) the statewide child fatality review committee established under IC 12-13-15.1-6;

regarding the death of a child determined to be a result of abuse, abandonment, or neglect are confidential and may not be disclosed.

*As added by P.L.1-1997, SEC.16; Amended by P.L.70—2004, SEC.14*

### **31-33-18-1.5 Identifying information**

Sec. 1.5. (a) This section applies to records held by:

(1) the division of family and children;

(2) a county office of family and children;

(3) a local child protection service;

(4) a local child fatality review team established under IC 12-13-15; or

(5) the statewide child fatality review committee established under IC 12-13-15.1-6;

regarding the death of a child determined to be a result of abuse, abandonment, or neglect.

(b) As used in this section, "identifying information" means information that identifies an individual, including an individual's:

(1) name, address, date of birth, occupation, place of employment, employer identification number, mother's maiden name, Social Security number, or any identification number issued by a governmental entity;

(2) unique biometric data, including the individual's fingerprint, voice print, or retina or iris image;

(3) unique electronic identification number, address, or routing code;

(4) telecommunication identifying information; or

(5) telecommunication access device, including a card, a plate, a code, a telephone number, an account number, a personal identification number, an electronic serial number, a mobile identification number, or another telecommunications service or device or means of account access.

(c) Unless information in a record is otherwise confidential under state or federal law, a record described in subsection (a) that has been redacted in accordance with this section is not confidential and may be disclosed to any person who requests the record. The person requesting the record may be required to pay the reasonable expenses of copying the record.

(d) When a person requests a record described in subsection (a), the entity having control of the record shall immediately transmit a copy of the record to the court exercising juvenile jurisdiction in the county in which the death of the child occurred. However, if the court requests that the entity having control of a record transmit the original record, the entity shall transmit the original record.

(e) Upon receipt of the record described in subsection (a), the court shall, within thirty (30) days, redact the record to exclude identifying information of a person or other information not relevant to establishing the facts and circumstances leading to the death of the child. However, the court shall not redact the record to exclude information that relates to an employee of the division of family and children, an employee of a county office of family

and children, or an employee of a local child protection service.

(f) The court shall disclose the record redacted in accordance with subsection (e) to any person who requests the record, if the person has paid:

(1) to the entity having control of the record, the reasonable expenses of copying under IC 5-14-3-8; and

(2) to the court, the reasonable expenses of copying the record.

(g) The court's determination under subsection (e) that certain identifying information or other information is not relevant to establishing the facts and circumstances leading to the death of a child is not admissible in a criminal proceeding or civil action.

*As added by P.L.70-2004, SEC.15.*

### **31-33-18-2 Access to reports and other material**

Sec. 2. The reports and other material described in section 1(a) of this chapter and the unredacted reports and other material described in section 1(b) of this chapter shall be made available only to the following:

(1) Persons authorized by this article.

(2) A legally mandated public or private child protective agency investigating a report of child abuse or neglect or treating a child or family that is the subject of a report or record.

(3) A police or other law enforcement agency, prosecuting attorney, or coroner in the case of the death of a child who is investigating a report of a child who may be a victim of child abuse or neglect.

(4) A physician who has before the physician a child whom the physician reasonably suspects may be a victim of child abuse or neglect.

(5) An individual legally authorized to place a child in protective custody if:

(A) the individual has before the individual a child whom the individual reasonably suspects may be a victim of abuse or neglect; and

(B) the individual requires the information in the report or record to determine whether to place the child in protective custody;

(6) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record or a parent, guardian, custodian, or other person who is responsible for the child's welfare.

(7) An individual named in the report or record who is alleged to be abused or neglected or, if the individual named in the report is a child or is otherwise incompetent, the individual's guardian ad litem or the individual's court appointed special advocate, or both.

(8) Each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report or record and an attorney of the person described under this subdivision, with protection for the identity of reporters and other appropriate individuals.

(9) A court, for redaction of the record in accordance with section 1.5 of this chapter, or upon the court's finding that access to the records may be necessary for determination of an issue before the court. However, except for disclosure of a redacted record in accordance with section 1.5 of this chapter, access is limited to in camera inspection unless the court determines that public disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.

(10) A grand jury upon the grand jury's determination that access to the records is necessary in the conduct of the grand

jury's official business.

(11) An appropriate state or local official responsible for the child protective service or legislation carrying out the official's official functions.

(12) A foster care review board established by a juvenile court under IC 31-34-21-9 (or IC 31-6-4-19 before its repeal) upon the court's determination that access to the records is necessary to enable the foster care review board to carry out the board's purpose under IC 31-34-21.

(13) The community child protection team appointed under IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to enable the team to carry out the team's purpose under IC 31-33-3.

(14) A person about whom a report has been made, with protection for the identity of:

(A) any person reporting known or suspected child abuse or neglect; and

(B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

(15) An employee of the division of family and children, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 12-14-25.5-3, IC 31-34, or IC 31-37 to determine the appropriateness of an out-of-home placement for a:

(A) child at imminent risk of placement;

(B) child in need of services; or

(C) delinquent child.

The results of a criminal history check conducted under this subdivision must be disclosed to a court determining the placement of a child described in clauses (A) through (C).

(16) A local child fatality review team established under IC 12-13-15-6.

(17) The statewide child fatality review committee established by IC 12-13-15.1-6.

*As added by P.L.1-1997, SEC.16; Amended by P.L.70-2004, SEC.16*

### **31-33-18-3 Disclosure to qualified researchers**

Sec. 3. (a) Section 2 of this chapter does not prevent the county office of family and children or the local child protection service from disclosing to a qualified individual engaged in a good faith research project either:

(1) information of a general nature, including the incidents of reported child abuse or neglect or other statistical or social data used in connection with studies, reports, or surveys, and information related to their function and activities; or

(2) information relating to case histories of child abuse or neglect if:

(A) the information disclosed does not identify or reasonably tend to identify the persons involved; and

(B) the information is not a subject of pending litigation.

(b) To implement this section, the division of family and children shall adopt under IC 4-22-2 rules to govern the dissemination of information to qualifying researchers. *As added by P.L.1-1997, SEC.16.*

### **31-33-18-4 Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs**

Sec. 4. (a) Whenever a child abuse or neglect investigation is conducted under this article, the local child protection service

shall give verbal and written notice to each parent, guardian, or custodian of the child that:

(1) the reports and information described under section 1 of this chapter relating to the child abuse or neglect investigation; and  
(2) if the child abuse or neglect allegations are pursued in juvenile court, the juvenile court's records described under IC 31-39; are available upon the request of the parent, guardian, or custodian except as prohibited by federal law.

(b) A parent, guardian, or custodian requesting information under this section may be required to sign a written release form that delineates the information that is requested before the information is made available. However, no other prerequisites for obtaining the information may be placed on the parent, guardian, or custodian except for reasonable copying costs. *As added by P.L.1-1997, SEC.16.*

## **Chapter 19. Administrative Hearing Requested by Alleged Perpetrator to Amend or Expunge a Substantiated Child Abuse or Neglect Report**

### **31-33-19-1 Conduct of administrative hearing**

Sec. 1. Except as provided in sections 6 and 7 of this chapter, the division of family and children shall conduct an administrative hearing under IC 4-21.5-3 upon a request made under IC 31-33-17-8. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-2 Burden of proof**

Sec. 2. At the administrative hearing, the classifying agency must prove by some credible evidence that the alleged perpetrator is responsible for the child's abuse or neglect. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-3 Hearsay evidence**

Sec. 3. During an administrative hearing under section 1 of this chapter, the administrative hearing officer shall consider hearsay evidence to be competent evidence and may not exclude hearsay based on the technical rules of evidence. However, a determination may not be based solely on evidence that is hearsay. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-4 Amendment or expungement of report**

Sec. 4. If the classifying agency fails to carry the burden of proof under section 2 of this chapter, the division of family and children shall amend or expunge the report as ordered by the administrative hearing officer within the period provided under section 8 of this chapter. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-5 Confidentiality**

Sec. 5. (a) The confidentiality of an abuse or a neglect report must, to the extent possible, be maintained during the administrative process.

(b) The administrative hearing shall be closed.

(c) The administrative files shall be closed and not disclosed to the public. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-6 Binding effect of court determination; stay pending court action**

Sec. 6. (a) If a court having jurisdiction over a child in need of services has determined or is anticipated to determine whether a report of suspected child abuse or neglect is substantiated, the determination of the court is binding.

(b) The administrative hearing under this chapter shall be stayed pending an anticipated action by the court. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-7 Judicial review as bar to administrative hearing**

Sec. 7. A person named as an alleged perpetrator in a report of suspected child abuse or neglect whose report is reviewed by a court is not entitled to an administrative hearing under this chapter. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-8 Time for expungement**

Sec. 8. (a) The division of family and children shall expunge identifying information in a substantiated report contained within the registry as follows:

(1) Not later than ten (10) working days after any of the following occurs:

(A) A court having jurisdiction over a child in need of services proceeding determines that child abuse or neglect has not occurred.

(B) An administrative hearing officer under this chapter finds that the child abuse or neglect report is unsubstantiated.

(C) A court having criminal jurisdiction over a case involving child abuse or neglect in which criminal charges are filed and the court:

(i) dismisses the charges; or

(ii) enters a not guilty verdict.

(2) Not later than ten (10) working days after the period of informal adjustment ceases under IC 31-34-8.

(3) Not later than six (6) months after the date that the division of family and children enters the report into the registry as the result of a person's failure to successfully participate in a services referral agreement under IC 31-33-13.

(4) Not later than twenty (20) years after a court determines that a child is a child in need of services based upon the report.

(b) However, if subsection (a)(1) through (a)(4) does not apply, the division of family and children shall expunge the report not later than when the child who is named as the victim of child abuse or neglect reaches twenty-four (24) years of age. *As added by P.L.1-1997, SEC.16.*

### **31-33-19-9 Amendment or expungement of substantiated report containing inaccuracy**

Sec. 9. The division of family and children shall immediately amend or expunge from the registry a substantiated report containing an inaccuracy arising from an administrative or a clerical error. *As added by P.L.1-1997, SEC.16.*

## **Chapter 20. Automated Child Protection System**

### **31-33-20-1 Establishment**

Sec. 1. Each local child protection service shall establish and maintain an automated child protection system. *As added by P.L.1-1997, SEC.16.*

### **31-33-20-2 Components**

Sec. 2. The system consists of the following components:

(1) One (1) computer to be purchased for every two (2) child welfare caseworkers.

(2) Automated risk assessment in which a child welfare worker or supervisor is able to review a substantiated child abuse and neglect case to determine prior case history during the intake, investigation, assessment, and case management processes.

- (3) The capability to allow supervisors to monitor child abuse and neglect cases and reports relating to the cases.
  - (4) The automated production of standard reports to enable the automated compilation of information gathered on forms used by child welfare workers to report the information and results of child abuse and neglect cases. The system must also provide for the automation of other data for planning and evaluation as determined by the division of family and children.
  - (5) The capability of same day notification and transfer of statistical information to the division of family and children regarding new and closed child abuse and neglect cases.
  - (6) The enabling of child welfare supervisors to review a child abuse or neglect case at any point after the case is initially determined to be substantiated abuse or neglect to confirm the status of the case and allow for the consolidated management of cases.
  - (7) The capability for adjustment to the system's programming at a later date if additional reporting requirements occur at a later date.
  - (8) A word processing capability to allow case notes to be recorded with each substantiated child abuse and neglect case.
- As added by P.L.1-1997, SEC.16.*

### **31-33-20-3 Additional components**

- Sec. 3. (a) In addition to the components under section 2 of this chapter, the system must have the capability to maintain a case history file.
- (b) Whenever a child abuse or neglect case is substantiated as provided under IC 31-33-17-2, the system must have the capability to transmit the information regarding the case to the division of family and children.
  - (c) Whenever a person enters a new child abuse or neglect report into the system, the system must have the capability to automatically search:
    - (A) within the county; and
    - (B) within the child abuse and neglect registry maintained by the division of family and children under IC 31-33-17; for reports that match the name of the perpetrator, victim, or person who is legally responsible for the victim's welfare with the persons named in the new report as described in this chapter.
  - (d) If the system identifies a previous, substantiated report, the system must have the capability to transfer the report to the county where the new report originated not later than twenty-four (24) hours after receipt of the new report. If the previous, matching report is located, a case history extract must be made available to the assigned caseworker. *As added by P.L.1-1997, SEC.16.*

### **31-33-20-4 Levels of security for confidentiality; comprehensive system for limited access to information**

- Sec. 4. At least ten (10) levels of security for confidentiality in the system must be maintained. The system must have a comprehensive system of limited access to information as follows:
- (1) The system must be accessed only by the entry of an operator identification number and a person's secret password.
  - (2) Child welfare caseworkers and investigators must be allowed to access only cases that are assigned to the caseworker or investigator.
  - (3) Child welfare supervisors may access only the following:
    - (A) Cases assigned to the supervisor.
    - (B) Cases assigned to a caseworker or an investigator who reports to the supervisor.

- (C) Cases that are unassigned.
  - (4) To preserve confidentiality in the workplace, case welfare managers, as designated by the division of family and children, may access any case, except restricted cases involving a state employee or the immediate family member of a state employee who has access to the system. Access to restricted information under this subdivision may be obtained only if an additional level of security is implemented.
  - (5) Access to records of authorized users, including passwords, is restricted to:
    - (A) users designated by the division of family and children as an administrator; and
    - (B) the administrator's level of administration as determined by the division of family and children.
  - (6) Ancillary programs that may be designed for the system may not be executed in a manner that would circumvent the system's log on security measures.
  - (7) Certain system functions must be accessible only to system operators with specified levels of authorization as determined by the division of family and children.
  - (8) Files containing passwords must be encrypted.
  - (9) There must be two (2) additional levels of security for confidentiality as determined by the division of family and children.
- As added by P.L.1-1997, SEC.16.*

### **31-33-20-5 Duties of Indiana criminal justice institute**

- Sec. 5. The Indiana criminal justice institute shall do the following:
- (1) Coordinate training for persons who operate the automated child protection system under this chapter.
  - (2) Ensure that a representative from each of the following conducts part of the training:
    - (A) A law enforcement agency.
    - (B) An office of the county prosecuting attorney.
- As added by P.L.1-1997, SEC.16.*

## **Chapter 21. Cost of Services**

### **31-33-21-1 Payment of costs for services**

- Sec. 1. The costs of any services ordered by the court for any child or the child's parent, guardian, or custodian shall be paid according to IC 31-40. *As added by P.L.1-1997, SEC.16.*

## **Chapter 22. Offenses; Access to Unsubstantiated False Reports**

### **31-33-22-1 Failure to make report**

- Sec. 1. (a) A person who knowingly fails to make a report required by IC 31-33-5-1 commits a Class B misdemeanor.
- (b) A person who knowingly fails to make a report required by IC 31-33-5-2 commits a Class B misdemeanor. This penalty is in addition to the penalty imposed by subsection (a). *As added by P.L.1-1997, SEC.16.*

### **31-33-22-2 Obtaining child abuse or neglect information under false pretenses; falsification of child abuse or neglect information or records**

- Sec. 2. (a) An individual who knowingly requests, obtains, or seeks to obtain child abuse or neglect information under false pretenses commits a Class B misdemeanor.
- (b) A person who knowingly or intentionally:

(1) falsifies child abuse or neglect information or records; or  
(2) obstructs or interferes with a child abuse investigation, including an investigation conducted by a local child fatality review team or the statewide child fatality review committee; commits obstruction of a child abuse investigation, a Class A misdemeanor.  
*As added by P.L. 1-1997, SEC.16; Amended by P.L. 70-2004, SEC.17.*

**31-33-22-3 False reports; criminal and civil liability; notification of prosecuting attorney**

Sec. 3. (a) A person who intentionally communicates to:  
(1) a law enforcement agency; or  
(2) a local child protection service;  
a report of child abuse or neglect knowing the report to be false commits a Class A misdemeanor. However, the offense is a Class D felony if the person has a previous unrelated conviction for making a report of child abuse or neglect knowing the report to be false.  
(b) A person who intentionally communicates to:  
(1) a law enforcement agency; or  
(2) a local child protection service;  
a report of child abuse or neglect knowing the report to be false is liable to the person accused of child abuse or neglect for actual damages. The finder of fact may award punitive damages and attorney's fees in an amount determined by the finder of fact against the person.  
(c) The director of the county office of family and children shall, after review by the county office's attorney, notify the prosecuting attorney whenever the director and the county office's attorney have reason to believe that a person has violated this section.  
(d) A person who:  
(1) has reason to believe that the person is a victim of a false report of child abuse or neglect under this section; and  
(2) is not named in a pending criminal charge or under investigation relating to the report;  
may file a complaint with the prosecuting attorney. The prosecuting attorney shall review the relevant child abuse or neglect records of the county office of family and children and any other relevant evidence.  
*As added by P.L. 1-1997, SEC.16.*

**31-33-22-4 Failure to notify of name change**

Sec. 4. A person who intentionally violates IC 31-33-17-10 commits a Class B misdemeanor. *As added by P.L. 1-1997, SEC.16.*

**31-33-22-5 Access by accused to false report**

Sec. 5. A person who is accused of committing child abuse or neglect is entitled to access to a report relevant to an alleged false accusation filed under this article if a court finds that the report:  
(1) is unsubstantiated; and  
(2) was intentionally communicated to a law enforcement agency or a local child protection service by a person who knew the report was false.  
*As added by P.L. 1-1997, SEC.16.*

**Title 34, Article 30**  
**Chapter 16. Health Care: Privileged Communications of Mental Health Service Providers**

**34-30-16-1 Immunity from civil liability; violent behavior of patient**

Sec. 1. A mental health service provider is immune from civil liability to persons other than the patient for failing to:  
(1) predict; or  
(2) warn or take precautions to protect from;  
a patient's violent behavior unless the patient has communicated to the provider of mental health services an actual threat of physical violence or other means of harm against a reasonably identifiable victim or victims, or evidences conduct or makes statements indicating an imminent danger that the patient will use physical violence or use other means to cause serious personal injury or death to others.  
*As added by P.L. 1-1998, SEC.26.*

**34-30-16-2 Duty to warn or to take reasonable precautions; discharge**

Sec. 2. The duty to warn of or to take reasonable precautions to provide protection from violent behavior or other serious harm arises only under the limited circumstances specified in section 1 of this chapter. The duty is discharged by a mental health service provider who takes one (1) or more of the following actions:  
(1) Makes reasonable attempts to communicate the threat to the victim or victims.  
(2) Makes reasonable efforts to notify a police department or other law enforcement agency having jurisdiction in the patient's or victim's place of residence.  
(3) Seeks civil commitment of the patient under IC 12-26.  
(4) Takes steps reasonably available to the provider to prevent the patient from using physical violence or other means of harm to others until the appropriate law enforcement agency can be summoned and takes custody of the patient.  
(5) Reports the threat of physical violence or other means of harm, within a reasonable period of time after receiving knowledge of the threat, to a physician or psychologist who is designated by the employer of a mental health service provider as an individual who has the responsibility to warn under this chapter.  
*As added by P.L. 1-1998, SEC.26.*

**34-30-16-3 Patient privacy and confidentiality; immunity from liability**

Sec. 3. A mental health service provider who discloses information that must be disclosed to comply with sections 1 through 2 of this chapter is immune from civil and criminal liability under Indiana statutes that protect patient privacy and confidentiality. *As added by P.L. 1-1998, SEC.26.*

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**RULES OF THE INDIANA STATE PSYCHOLOGY BOARD**  
**TITLE 868 INDIANA ADMINISTRATIVE CODE**  
**ARTICLE 1.1. GENERAL PROVISIONS**

**Rule 1. General Definitions**

**868 IAC 1.1-1-1 Definitions**

**Authority: IC 25-33-1-3**  
**Affected: IC 25-33-1**

Sec. 1. (a) The definitions in this section apply throughout this article.

(b) "Act" means IC 25-33-1.

(c) "Board" means the state psychology board.

(d) "Recognized institution of higher learning" means an institution that grants a doctoral degree in psychology as defined in 868 IAC 1.1-4-1 and is recognized by one (1) or more of the following:

(1) Association of Universities and Colleges of Canada.

(2) Middle States Association of Colleges and Schools/Commission on Higher Education.

(3) New England Association of Schools and Colleges-Commission on Institutions of Higher Learning.

(4) North Central Association of Colleges and Schools.

(5) Northwest Association of Colleges and Schools.

(6) Southern Association of Colleges and Schools-Commission on Colleges.

(7) Western Association of Schools and Colleges-Accrediting Commission for Senior Colleges.

(State Psychology Board; Rules 2 to 2.9; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1132; filed Nov 22, 1985, 4:33 p.m.: 9 IR 773; filed Jul 23, 1987, 9:15 a.m.: 10 IR 2739; filed May 8, 1992, 5:00 p.m.: 15 IR 1956; filed May 15, 1998, 10:05 a.m.: 21 IR 3932; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

## **Rule 2. The Board of Examiners**

### **868 IAC 1.1-2-1 Election of officers**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1-3

Sec. 1. At least annually, and ordinarily at the July meeting, a chair and vice-chair shall be elected by the board by a simple majority for a term of one (1) year. Officers may be re-elected to serve for more than one term. If an officer cannot complete a term, the vacancy shall be filled at the next meeting of the board. (State Psychology Board; Rule 3.1; filed Jul 13, 1979, 9:07 am: 2 IR 1133; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

### **868 IAC 1.1-2-2 Calling meetings (Repealed)**

Sec. 2. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 776)

## **Rule 3. Application**

### **868 IAC 1.1-3-1 Application for licensure; examination process**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1-4; IC 25-33-1-5.1

Sec. 1. (a) Any person seeking licensure must apply in the form and manner prescribed by the board.

(b) The applicant will return completed application materials, and payment of the application fees, exclusive of the examination fee for the examination for professional practice in psychology (EPPP), to the board.

(c) The board will approve eligible candidates and notify the candidate of the date, time, and location of the jurisprudence examination.

(d) After the applicant has passed the jurisprudence examination, the board will notify the testing service utilized by the board that the applicant is eligible to take the EPPP.

(e) The applicant must sit for the examination within sixty (60) days from the date of being authorized to test.

(f) If the applicant holds a temporary license, it shall expire on the earlier of:

(1) ten (10) months from the date that the temporary license is issued by the board;

(2) the applicant's failure of the jurisprudence examination; or

(3) the date the results of the EPPP are known.

(State Psychology Board; Rule 4.1; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1133; filed Nov 22, 1985, 4:33 p.m.: 9 IR 773; filed Nov 22, 1993, 5:00 p.m.: 17 IR 761; filed Apr 4, 2001, 3:04 p.m.: 24 IR 2469; readopted filed Dec 2, 2001, 12:22 p.m.: 25 IR 1344)

### **868 IAC 1.1-3-2 Corporations (Repealed)**

Sec. 2. (Repealed by State Psychology Board; filed Nov 3, 1988, 3:00 p.m.: 12 IR 594)

### **868 IAC 1.1-3-3 Application fee not refundable (Repealed)**

Sec. 3. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

### **868 IAC 1.1-3-4 Deficiencies in application; notice to applicant (Repealed)**

Sec. 4. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

### **868 IAC 1.1-3-5 Reapplication (Repealed)**

Sec. 5. (Repealed by State Psychology Board; filed Nov 3, 1988, 3:00 p.m.: 12 IR 594)

### **868 IAC 1.1-3-6 Fee for reapplication (Repealed)**

Sec. 6. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

### **868 IAC 1.1-3-7 Temporary certificate upon application (Repealed)**

Sec. 7. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

## **Rule 4. Educational Qualifications for Licensure**

### **868 IAC 1.1-4-1 Doctoral degree in psychology**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1-2; IC 25-33-1-5.1

Sec. 1. Degree programs will be approved by the board for the purpose of licensure if they meet the following criteria:

(1) The academic unit is in a recognized institution of higher learning as defined in 868 IAC 1.1-1-1(d) to offer the doctoral degree in psychology.

(2) Any dissertation required for the doctoral degree is psychological in method and content and an expected product of doctoral training in psychology.

(3) The academic unit, wherever it may be administratively housed, is clearly identified by the granting institution as a psychology program. Such a program must specify in pertinent institutional



catalogues and brochures its intent to educate and train professional psychologists.

(4) The program stands as a recognizable, coherent, organized entity within the institution.

(5) Within the psychology faculty there is a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

(6) The program is an integrated, organized sequence of study.

(7) There is an identifiable psychology faculty and a psychologist responsible for the program.

(8) The program has an identifiable body of students who are matriculated in that program for a degree.

(9) In areas of clinical, counseling, and school psychology, the program includes educational experience with titles such as practicum, internship, field, or laboratory training.

(10) At least seventy-five percent (75%) of the graduate course credits (or other academic requirements) required for the doctoral degree, excluding dissertation credits, have been successfully earned in graduate (postbaccalaureate) psychology courses. Such credits may, in part, be earned in postdoctoral course work. In determining the acceptability of curricular experiences and course work, the following factors shall be considered:

(A) The curriculum shall encompass a minimum of three (3) academic years of graduate study, in addition to instruction in scientific and professional ethics and standards, research design, methodology, statistics, and psychometrics.

(B) The core program shall require each student to demonstrate competence (as a part of the graduate education) in each of the substantive content areas established in this subdivision. This typically will be met by including a minimum of three (3) or more graduate semester hours (five (5) or more graduate quarter hours) in each of the following substantive content areas:

(i) Biological bases of behavior such as physiological psychology, comparative psychology, neuropsychology, sensation, perception, and psychopharmacology.

(ii) Cognitive-affective bases of behavior such as learning, thinking, motivation, and emotion.

(iii) Social bases of behavior such as social psychology, group processes, and organizational and systems theory.

(iv) Individual differences such as personality theory, human development, and abnormal psychology.

(11) The program shall require a minimum of a one (1) year residence. Residence requires personal attendance at the degree granting institution and interaction with psychology faculty and other matriculated psychology students. As used in this subdivision, "a one (1) year residence" means eighteen (18) semester hours or twenty-seven (27) quarter hours taken on a full-time or part-time basis at the institution accumulated in not less than nine (9) months or not more than eighteen (18) months which must include student to faculty contact involving face-to-face group courses. Such educational meetings must:

(A) include both faculty to student and student to student interaction;

(B) be conducted by the psychology faculty of the institution at least ninety percent (90%) of the time;

(C) be fully documented by the institution; and

(D) relate substantially to the program and course content.

The institution must clearly document how the applicant's performance is assessed and evaluated. An internship requirement will not contribute to the academic year requirements of this criterion.

(12) It is the responsibility of a person applying under this section to provide the board with an official course catalogue description in the form of the actual catalogue or a true copy of the relevant sections sent directly from the issuing institution as of the date the course was taken.

(13) The applicant shall provide any documentation required by the board in the manner and form prescribed by the board to confirm compliance with or satisfaction of the requirements of this rule.

*(State Psychology Board; Rule 5.1; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1133; filed Nov 22, 1985, 4:33 p.m.: 9 IR 774; filed May 8, 1992, 5:00 p.m.: 15 IR 1956; errata filed May 15, 1992, 5:00 p.m.: 15 IR 2257; filed Nov 22, 1993, 5:00 p.m.: 17 IR 761; filed Feb 8, 1995, 2:00 p.m.: 18 IR 1477; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)*

#### **868 IAC 1.1-4-2 Equivalent of doctoral degree in psychology; requirements (Repealed)**

Sec. 2. *(Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)*

#### **868 IAC 1.1-4-3 Recommendations of American Association of State Psychology Boards (Repealed)**

Sec. 3. *(Repealed by State Psychology Board; filed Apr 25, 1983, 8:54 am: 6 IR 1091)*

### **Rule 5. Examinations**

#### **868 IAC 1.1-5-1 Announcement of examination dates (Repealed)**

Sec. 1. *(Repealed by State Psychology Board; filed Apr 4, 2001, 3:04 p.m.: 24 IR 2469)*

#### **868 IAC 1.1-5-2 Failure to appear for examination; effect**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1-4; IC 25-33-1-5.1**

Sec. 2. If an applicant who has notified the board of intention to be examined fails to appear for the scheduled examination, the following shall occur:

- (1) The applicant will lose eligibility for the examination so scheduled.
- (2) The applicant will forfeit any and all fees paid.
- (3) The application will no longer constitute a temporary license as of the scheduled examination date.

(State Psychology Board; Rule 6.2; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1134; filed Nov 22, 1985, 4:33 p.m.: 9 IR 775; filed Nov 10, 1987, 9:25 a.m.: 11 IR 1295; filed Nov 22, 1993, 5:00 p.m.: 17 IR 762; filed Feb 8, 1995, 2:00 p.m.: 18 IR 1478; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

**868 IAC 1.1-5-3 Denial of request for examination; effect (Repealed)**

Sec. 3. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**868 IAC 1.1-5-4 Examination for licensure**

**Authority: IC 25-33-1-3**

**Affected: IC 25-1-8-4; IC 25-33-1-5.1**

Sec. 4. (a) The applicant for licensure shall submit to an examination composed of the following:

- (1) The examination for professional practice in psychology (EPPP) developed by the Professional Examination Service and owned by the Association of State and Provincial Psychology Boards.
- (2) A written jurisprudence examination covering aspects of the practice of psychology, including statutes and rules related to the practice of psychology.

(b) In order to pass the EPPP, the applicant must obtain a scaled score of 500.

(c) In order to qualify for licensure, the applicant will be required to pass both sections of the examination. The applicant must pass the written jurisprudence examination before the board will authorize the applicant to take the EPPP. (State Psychology Board; Rule 6.4; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1135; filed Nov 22, 1985, 4:33 p.m.: 9 IR 775; filed Jul 11, 1986, 3:00 p.m.: 9 IR 2929; filed Nov 10, 1987, 9:25 a.m.: 11 IR 1295; filed Aug 24, 1993, 5:00 p.m.: 17 IR 10; filed Apr 4, 2001, 3:04 p.m.: 24 IR 2469; readopted filed Nov 9, 2001, 3:15 p.m.: 25 IR 1344)

**868 IAC 1.1-5-5 Examination for basic certificate (Repealed)**

Sec. 5. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**868 IAC 1.1-5-6 Notice of examination results (Repealed)**

Sec. 6. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**868 IAC 1.1-5-7 Reexamination**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1-4; IC 25-33-1-5.1**

Sec. 7. (a) In order to qualify for licensure, the applicant is required to pass both sections of the examination.

(b) The applicant must pass the written jurisprudence examination before the board will authorize the candidate to take the examination for professional practice in psychology (EPPP).

(c) If an applicant fails the written jurisprudence examination, the applicant must wait thirty (30) days between administrations.

(d) If a candidate fails the EPPP examination three (3) or more times, no further examinations shall be administered until the candidate meets with the board to review the areas of deficiency and to develop a program of study and practical experience designed to remediate the deficiencies. This program may consist of additional course work, internship experiences, supervision, or any combination of these.

(e) An applicant may take the EPPP a maximum of four (4) times in any twelve (12) month period. Applicants must wait sixty (60) days between administrations.

(f) A new application with the appropriate fees must be submitted following any failure.

(State Psychology Board; Rule 6.7; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1135; filed Jan 16, 1986, 3:20 p.m.: 9 IR 1377; filed Nov 3, 1988, 3:00 p.m.: 12 IR 594; filed Nov 22, 1993, 5:00 p.m.: 17 IR 762; filed Apr 4, 2001, 3:04 p.m.: 24 IR 2469; readopted filed Nov 9, 2001, 3:15 p.m.: 25 IR 1344)

**868 IAC 1.1-5-8 Limited license holders**

**Authority: IC 25-33-1-3**

**Affected: IC 16-39; IC 25-1-9; IC 25-33-1-5.3;**

**IC 31-6-11**

Sec. 8. Applicants for licensure under IC 25-33-1-5.3 shall pass an examination on the following statutes and rules:

- (1) IC 25-33.
- (2) IC 25-1-9.
- (3) This title.
- (4) IC 16-39.
- (5) IC 34-4-12.4 [IC 34-4 was repealed by P.L. 1-1998, SECTION 221, effective July 1, 1998.].
- (6) IC 31-6-11.

(State Psychology Board; Rule 6.8; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1135; filed Jan 16, 1986, 3:20 p.m.: 9 IR 1378; filed Nov 22, 1993, 5:00 p.m.: 17 IR 763; filed Feb 8, 1995, 2:00 p.m.: 18 IR 1479; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

**868 IAC 1.1-5-9 Certification requirements; use of doctoral degree (Repealed)**

Sec. 9. (Repealed by State Psychology Board; filed Dec 27, 1993, 9:00 a.m.: 17 IR 1003)

**Rule 6. Professional Experience (Repealed)**

(Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**Rule 7. Private Practice**

**868 IAC 1.1-7-1 Private practice (Repealed)**

Sec. 1. (Repealed by State Psychology Board; filed May 8, 1992, 5:00 p.m.: 15 IR 1962)

**868 IAC 1.1-7-2 Income or personal profit (Repealed)**

Sec. 2. (Repealed by State Psychology Board; filed May 8, 1992, 5:00 p.m.: 15 IR 1962)

**868 IAC 1.1-7-3 Full responsibility and liability (Repealed)**

Sec. 3. (Repealed by State Psychology Board; filed May 8, 1992, 5:00 p.m.: 15 IR 1962)

**868 IAC 1.1-7-4 Clinical psychologist; definition (Repealed)**

Sec. 4. (Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**868 IAC 1.1-7-5 Competence**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1-6; IC 25-33-1-12**

Sec. 5. IC 25-33-1-12(a) states "A psychologist shall not offer to render, or render services which are beyond the scope of that psychologist's competence, as determined by training and experience."

(a) Training shall have been equivalent to that provided by psychology departments of regionally accredited institutions of higher education which grant(ed) the doctoral degree in psychology, at the time when the psychologist received said training and in the area(s) in which the psychologist claims competence.

(b) Experience shall have been research, teaching, or application (practice), as is appropriate, of the broad principles and knowledge of the claimed area(s) of competence appropriate at the time and as judged by qualified psychologists (peers) who are also in the claimed area(s) of competence. Ordinarily, training or experience in one or a few specific techniques will not qualify.

(c) The competent practice of psychology requires remaining current with generally accepted developments within the area of specialization and the development and exercise of judgment as to when to apply specific procedures in a reasonable, effective, efficient, and economical manner.

(d) The competent practice of psychology includes acting within generally accepted ethical principles and guidelines of the profession and maintaining an awareness of personal and professional limitations. (State Psychology Board; Rule 8.5; filed Apr 25, 1983, 8:54 am: 6 IR 1090; filed Nov 10, 1987, 9:25 am: 11 IR 1295; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

**Rule 8. Certificate Renewal (Repealed)**

(Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**Rule 8.1. Continuing Education (Repealed)**

(Repealed by State Psychology Board; filed May 10, 1994, 5:00 p.m.: 17 IR 2342)

**Rule 9. Rosters (Repealed)**

(Repealed by State Psychology Board; filed Apr 25, 1983, 8:54 am: 6 IR 1091)

**Rule 10. Endorsement (Repealed)**

(Repealed by State Psychology Board; filed Nov 22, 1985, 4:33 pm: 9 IR 777)

**Rule 10.1. Endorsement**

**868 IAC 1.1-10.1-1 Licensure by endorsement**

**Authority: IC 25-1-8-5; IC 25-33-1-3**

**Affected: IC 25-33-1-9**

Sec. 1. All applicants for licensure by endorsement under IC 25-33-1-9 shall pass a test covering aspects of the practice of psychology, including statutes and rules related to the practice of psychology. (State Psychology Board; 868 IAC 1.1-10.1-1; filed Feb 15, 1990, 11:06 a.m.: 13 IR 1184; filed Nov 22,

1993, 5:00 p.m.: 17 IR 763; filed Apr 24, 2000, 12:45 p.m.: 23 IR 2238; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

**Rule 11. Code of Professional Conduct**

**868 IAC 1.1-11-0.5 "Professional relationship" defined**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 0.5. As used in this rule, "professional relationship" means a mutually agreed upon relationship between a psychologist and a client for the purpose of utilizing the psychologist's professional expertise. (State Psychology Board; 868 IAC 1.1-11-0.5; filed Dec 27, 1993, 9:00 a.m.: 17 IR 999; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

**868 IAC 1.1-11-1 Relationship with the public**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 1. (a) When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer-employee relationship, the payment to each psychologist is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.

(b) A psychologist shall not knowingly offer to render services to any person or group already receiving similar services from another professional unless that other professional relationship has been terminated or the earlier involved professional is aware of and agrees to the new relationship. Appropriate concurrent or collaborative services are not prohibited.

(c) A psychologist shall not engage, directly or through agents, in uninvited, in-person solicitation of business from actual or potential patients or clients or other persons who, because of their particular circumstances, are vulnerable to undue influence.

(d) Advertisements for professional services and other public statements:

- (1) must not contain false, fraudulent, misleading, or deceptive information;
- (2) must not misinterpret facts or statements; and
- (3) must fully disclose all relevant information.

(e) A psychologist shall not solicit testimonials from current clients or patients or other persons who, because of their particular circumstances, are vulnerable to undue influence.

(f) A psychologist may claim a psychology degree as credentials for psychological work only if the psychology degree was earned from a degree program approved by the board as a psychology program in a recognized institution of higher learning.

(g) A psychologist may not suggest or imply sponsorship of the [sic.] his or her activities by professional associations or organizational affiliations.

(h) A psychologist who offers workshops, courses, and seminars to the public must ensure that the public announcements are accurate and not misleading.

(i) If a psychologist advertises a fee for a service, the psychologist must render that service for no more than the fee advertised. The psychologist shall be bound by that fee until the next succeeding issue of the publication, or, if the publication has no fixed date for the publication of a succeeding issue, the psychologist shall be bound by the representation made for one (1) year. If the fee advertisement is made by radio, cable, or

television, the psychologist shall be bound by the representations made for a period of ninety (90) days after each broadcast.

(j) A psychologist shall not aid or abet another person in:

(1) misrepresenting the person's professional credentials; or

(2) illegally engaging in the practice of psychology.

(*State Psychology Board; Rule 12.1; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1136; filed Apr 25, 1983, 8:54 a.m.: 6 IR 1090; filed Jun 13, 1986, 10:00 a.m.: 9 IR 2926; filed May 8, 1992, 5:00 p.m.: 15 IR 1957; filed Dec 27, 1993, 9:00 a.m.: 17 IR 999; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-2 Relationships with other professionals**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-1; IC 25-33-1

Sec. 2. (a) A psychologist shall terminate a clinical or consulting relationship when it is reasonably clear the client or patient is not benefitting from it and shall offer to help locate alternative sources of assistance.

(b) Psychologists who employ or supervise other psychologists or psychology trainees shall facilitate the professional development of these persons and provide timely evaluations, constructive consultation, and experience opportunities.

(c) A psychologist shall ensure that all employees and psychology trainees are engaged only in activities consistent with their training and are aware of and adhere to the code of professional conduct as found in this rule.

(d) A psychologist who employs individuals who are not licensed to provide psychological services shall provide supervision for the individuals. This supervision shall be provided by a licensed psychologist. The supervision shall include a minimum of one (1) hour weekly individual face-to-face supervision. The supervising psychologist shall read and sign all reports and correspondence. At any time services are offered, there shall be available a psychologist, either physically present or by telephone. When a psychologist is not physically present, there shall be a written set of procedures to be followed in cases of an emergency.

(e) When a psychologist has reason to believe there has been a violation by another psychologist of the statutes or rules of the board, the psychologist shall file a complaint with the consumer protection division of the office of the attorney general of Indiana. Information regarding such a violation obtained in the context of a professional relationship with a client is to be reported only with the written permission of the client.

(f) When a psychologist is providing supervision for another psychologist or a psychology student or intern, the supervising psychologist shall not be in a dual relationship with the supervisee.

(g) When a psychologist is providing supervision for another psychologist or a psychology student or intern, reports to be transmitted to third parties, treatment plans, and psychological evaluation reports shall be cosigned by the supervising psychologist. A record of the identity of the supervising psychologist shall be kept in the client/patient file.

(h) A psychologist shall not unjustly exploit persons over whom the psychologist has supervisory, evaluative, or other authority such as the following:

(1) Students.

(2) Supervisees.

(3) Employees.

(4) Research participants.

(5) Clients or patients.

(i) A psychologist shall not enter into a sexual relationship with a student or supervisee in training over whom the psychologist has evaluative or direct authority. (*State Psychology Board; Rule 12.2; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1136; filed Jun 13, 1986, 10:00 a.m.: 9 IR 2927; filed Feb 13, 1987, 9:30 a.m.: 10 IR 1391; filed Nov 10, 1987, 9:25 a.m.: 11 IR 1295; filed Feb 15, 1990, 11:06 a.m.: 13 IR 1184; filed Dec 27, 1993, 9:00 a.m.: 17 IR 1000; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-3 Costs in disciplinary actions (*Repealed*)**

Sec. 3. (*Repealed by State Psychology Board; filed Nov 10, 1987, 9:25 am: 11 IR 1296*)

#### **868 IAC 1.1-11-4 Professional practice; fees**

**Authority:** IC 25-33-1-3

**Affected:** IC 16-39; IC 25-33-1

Sec. 4. (a) A psychologist shall make advance financial arrangements that are clearly understood by patients or clients. A psychologist shall not exploit recipients of services or payors with respect to fees.

(b) Fees charged shall be reasonable. Factors to be considered in determining the reasonableness of a fee include the following:

(1) The difficulty or uniqueness of the service performed and the time, skill, and experience required.

(2) The fee customarily charged in the locality for similar service.

(3) The amount of the fee involved.

(4) The nature and length of the professional relationship with the patient or client.

(5) The experience, reputation, and ability of the practitioner in performing the kind of services involved.

(c) A psychologist may be paid from a source other than the patient or client if the patient or client consents and the arrangement does not compromise the psychologist's responsibility to the patient or client.

(d) In circumstances where professional objectivity could be compromised, a psychologist shall not base fees upon the uncertain outcome of a contingency, whether the contingency be the outcome of litigation or any other occurrence or condition which may or may not develop, occur, or happen.

(e) A psychologist shall not divide a fee for professional services with any individual who is not a partner, employee, or shareholder in a corporation operating the psychology service unless:

(1) the patient or client consents after full disclosure; and

(2) the division of fees is made in proportion to the actual services performed and the responsibility assumed by each practitioner.

(f) The collection of fees utilizing any legal collection procedure is not a violation of the confidentiality of the professional relationship. (*State Psychology Board; 868 IAC 1.1-11-4; filed Jun 13, 1986, 10:00 a.m.: 9 IR 2927; errata, 9 IR 2931; filed May 8, 1992, 5:00 p.m.: 15 IR 1958; filed Dec 27, 1993, 9:00 a.m.: 17 IR 1001; filed Apr 24, 2000, 12:43 p.m.: 23 IR 2238; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

**868 IAC 1.1-11-4.1 Relationships within professional practice**

**Authority: IC 25-33-1-3**

**Affected: IC 16-39; IC 25-33-1**

Sec. 4.1. (a) A psychologist shall not enter into a dual relationship with a patient or client if such relationship could impair professional judgment or increase the risk of exploitation of the patient or client.

(b) Entering into business relationships with current or former patients or clients is prohibited if such relationship could impair professional judgment or increase the risk of unjust exploitation of the current or former patient or client.

(c) A psychologist shall not enter into a professional relationship for the purpose of providing psychological services to members of the psychologist's family.

(d) The psychologist shall not undertake or continue a professional relationship with a patient or client when the objectivity or competency of the psychologist is or could be expected to be impaired because of the psychologist's:

(1) present or previous potentially harmful relationship with the patient or client or a person associated with or related to the patient or client; or

(2) bias against a patient or client because of the patient's or client's age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

(e) When a potentially harmful relationship becomes apparent, the psychologist shall clarify the nature of the relationship and attempt to resolve it with due regard for the best interests of the patient or client. Whenever a psychologist's objectivity or competency becomes impaired during a professional relationship with a patient or client, the psychologist shall notify the patient or client orally and in writing that the psychologist can no longer provide professional services, and the psychologist shall assist the patient or client in obtaining services from another professional.

(f) If termination of the professional relationship is necessary, the psychologist shall:

(1) immediately terminate the professional relationship in an appropriate manner;

(2) notify the patient or client orally and in writing of this termination; and

(3) assist the patient or client in obtaining services from another professional.

(g) A psychologist shall not terminate a professional relationship in order to develop or continue a personal or business relationship with a patient or client.

(h) In areas beyond the scope of the psychologist's competence, the psychologist shall refer to a professional who is competent in that area of practice.

(i) A psychologist shall not exploit consulting relationships with patients, clients, or institutions to refer others to the psychologist for services.

(j) A psychologist shall not engage in lewd or immoral conduct. As used in this subsection, "lewd and immoral conduct" includes, but is not limited to, sexual intimacies or sexual exploitation of the professional relationship.

(k) A psychologist shall not provide professional services if there is a reasonable belief that such rendering of service will adversely affect another patient or client unless each patient or client consents after full disclosure of the potential conflict.

(l) A psychologist shall exercise reasonable care and diligence in the conduct of research and shall utilize generally accepted scientific principles and current professional theory and practice. New or experimental procedures, techniques, and theories shall be utilized only with proper research safeguards, informed consent, and peer review of the procedures or techniques.

(m) Where differences of:

(1) age;

(2) gender;

(3) race;

(4) ethnicity;

(5) national origin;

(6) religion;

(7) sexual orientation;

(8) disability;

(9) language; or

(10) socioeconomic status;

significantly affect a psychologist's work concerning particular individuals or groups, the psychologist shall obtain the training, experience, consultation, or supervision necessary to ensure the competence of the psychologist's services concerning such individuals or groups. If the psychologist cannot obtain the training, experience, consultation, or supervision necessary to ensure the competence of the psychologist's services, the psychologist shall decline to offer services and shall make appropriate referrals. (*State Psychology Board; 868 IAC 1.1-11-4.1; filed Apr 24, 2000, 12:43 p.m.: 23 IR 2240; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

**868 IAC 1.1-11-4.2 Record keeping; discontinuation of practice**

**Authority: IC 25-33-1-3**

**Affected: IC 16-39; IC 25-33-1**

Sec. 4.2. (a) A psychologist shall keep accurate, current, and pertinent records of psychological services that are rendered or performed. Clinical records shall be maintained intact for a minimum of seven (7) years. These records shall include at least the following:

(1) Identifying data.

(2) Dates of services.

(3) Types of services.

(4) Significant actions taken.

The records shall be made within a reasonable time after the rendering of the service.

(b) A psychologist shall give a truthful, candid, and reasonably complete account of the patient's or client's condition to the patient or client or to those responsible for the care of the patient or client. Patients or clients shall be kept fully informed as to the purpose and nature of any evaluations, treatments, or other procedures and shall retain full freedom of choice with regard to participation in and the receipt of psychological services.

(c) Information in patient or client records is confidential and shall not be disclosed without the patient's or client's written permission unless disclosure is required by law. All persons having legitimate access to records shall maintain the confidentiality of the records.

(d) Access to patient or client records shall be provided in accordance with IC 16-39.

(e) Information obtained in the professional relationship with a patient or client is confidential and shall not be

disclosed in any way by the psychologist without the patient's or client's written permission unless disclosure is required by law.

(f) Upon discontinuation of the practice of psychology, a psychologist shall notify all active patients or clients in writing and by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community of the intention to discontinue practice and shall encourage the patients or clients to seek the services of another psychologist or other professional. The psychologist shall make reasonable arrangements with the patients or clients for the transfer of the records, or copies, to the succeeding practitioner. As used in this subsection, "active patient or client" refers to any patient or client with whom the psychologist has consulted within the two (2) year period prior to retirement or discontinuation of practice. (*State Psychology Board; 868 IAC 1.1-11-4.2; filed Apr 24, 2000, 12:43 p.m.: 23 IR 2241; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-4.5 Sexual misconduct**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 4.5. (a) A psychologist shall not engage in sexual intimacies with current patients or clients.

(b) A psychologist shall not accept, as therapy patients or clients, persons with whom they have engaged in sexual intimacies.

(c) A psychologist shall not engage in sexual intimacies with a former therapy patient or client for at least two (2) years after cessation or termination of professional services.

(d) A psychologist who engages in sexual intimacies with a former therapy patient or client after the two (2) years following the cessation or termination of treatment bears the burden of demonstrating that there has been no unjust exploitation of the patient or client, in light of all relevant factors, including the following:

- (1) The amount of time that has passed since therapy terminated.
- (2) The nature and duration of the therapy.
- (3) The circumstances of termination.
- (4) The patient's or client's personal history.
- (5) The patient's or client's current mental status.
- (6) The likelihood of adverse impact on the patient or client and others.
- (7) Any statements or actions made by the psychologist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client or patient.

(*State Psychology Board; 868 IAC 1.1-11-4.5; filed Dec 27, 1993, 9:00 a.m.: 17 IR 1002; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-5 Psychology practice**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 5. (a) A psychologist shall perform evaluations, diagnostic services, or interventions only within the context of a professional relationship.

(b) A psychologist's assessments, recommendations, reports, and psychological diagnostic or evaluative statements must be based on information and techniques (including personal interviews of the individual when appropriate) sufficient to appropriately substantiate the findings.

(c) When advice is rendered through:

- (1) public lectures or demonstrations;
- (2) newspaper or magazine articles;
- (3) radio;
- (4) cable or television programs;
- (5) by mail; or
- (6) by similar media;

the psychologist shall utilize the most current relevant data and exercise the highest level of professional judgment. Individual assessments or advice shall not be rendered without complete and thorough evaluations.

(d) A psychologist offering scoring and interpretation services shall be able to produce appropriate evidence for the validity of the programs and procedures used in arriving at the interpretations or scores. The public offering of an automated interpretation service is considered a professional-to-professional consultation, and the psychologist shall not offer such scoring and interpretation services to patients or clients outside of a professional relationship.

(e) A psychologist who uses computerized scoring and interpretation services shall have training in the following:

- (1) Principles of psychometric theory and practice.
- (2) Personality theory.
- (3) Individual psychopathology.
- (4) The use and interpretation of personality assessment procedures.

(*State Psychology Board; 868 IAC 1.1-11-5; filed Jun 13, 1986, 10:00 a.m.: 9 IR 2929; filed Dec 27, 1993, 9:00 a.m.: 17 IR 1003; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-6 Psychological testing**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 6. (a) For the purpose of the diagnosis and treatment of mental and behavioral disorders, "psychological testing" means the administration and/or interpretation of measurement instruments, devices, or procedures for the purpose of treatment planning, diagnosis, classification, and/or description of:

- (1) intelligence;
- (2) mental and emotional disorders and disabilities;
- (3) disorders of personality or behavior;
- (4) psychological aspects of physical illness, accident, injury, or disability; and
- (5) neuropsychological functioning.

The use of computerized psychological assessment procedures is also included in the scope of this section.

(b) Psychological testing explicitly includes the following three (3) areas:

(1) Intellectual, which includes those normative-based individually administered instruments used to measure functions such as:

- (A) abstract reasoning;
- (B) fund of knowledge;
- (C) problem solving; and
- (D) visual motor integration.

(2) Personality and emotional, which includes those instruments used to measure both trait and state aspects of personality and emotional characteristics and functioning.

(3) Neuropsychological, which includes those normative-based instruments used to make inferences

about brain and behavior relationships. These relationships include, but are not limited to, the following:

- (A) Sensorimotor functioning.
- (B) Attention and concentration skills.
- (C) Memory functioning.
- (D) Language function.
- (E) Concrete and abstract problem solving.
- (F) Measures of cognitive flexibility and creativity.

Intellectual assessment may constitute an element of neuropsychological testing.

(c) Except as otherwise provided by law, psychological testing may be administered and interpreted only by a licensed psychologist who is endorsed as a health service provider in psychology, or by a person under the direct supervision of a health service provider in psychology, provided that such supervision is in compliance with this article.

(d) The ability to competently interpret psychological testing requires formal graduate academic training in the following:

- (1) Statistics.
- (2) Test construction.
- (3) Sampling theory.
- (4) Tests and measurement.
- (5) Individual differences.
- (6) Personality theory.

In addition, the interpretation of psychological tests for treatment planning, diagnostic classification, or descriptive purposes requires formal graduate academic training in the areas of abnormal psychology, psychopathology, and psychodiagnosis.

(e) Competent interpretation of psychological testing requires formal supervised training and experience which is ordinarily obtained in a practicum or an internship. Psychologists acquiring competency in testing subsequent to graduate training must obtain supervision by a health service provider in psychology, or, if the experience is not obtained in Indiana, the experience must be supervised by a psychologist who has credentials substantially equal to those required for endorsement as a health service provider in psychology under Indiana law. (*State Psychology Board; 868 IAC 1.1-11-6; filed May 1, 1995, 10:45 a.m.: 18 IR 2259; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-11-7 Computerized testing services**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 7. A psychologist who uses computerized testing services is responsible for the legitimacy and accuracy of the test interpretations. Computer generated interpretations of tests must be used only in conjunction with professional judgment. A psychologist's report must indicate when a test interpretation is not based on direct contact with the patient/client, that is, when it is a blind interpretation. (*State Psychology Board; 868 IAC 1.1-11-7; filed May 1, 1995, 10:45 a.m.: 18 IR 2259; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

### **Rule 12. Fee Schedule**

#### **868 IAC 1.1-12-1 Fees (Repealed)**

Sec. 1. (*Repealed by State Psychology Board; filed Nov 21, 2001, 10:26 a.m.: 25 IR 1181*)

#### **868 IAC 1.1-12-1.5 Fees**

**Authority: IC 25-1-8-2; IC 25-33-1-3**

**Affected: IC 25-33**

Sec. 1.5. (a) The board shall charge and collect the following fees:

- |  |                  |
|--|------------------|
| (1) Application for licensure  | \$100            |
| (2) Application to repeat jurisprudence examination                            | \$ 75            |
| (3) Application to repeat national examination                                 | \$ 50            |
| (4) License renewal  | \$100 biennially |
| (5) Limited license renewal  | \$100 biennially |
| (6) Temporary permit to practice psychology                                    | \$ 50            |
| (7) Verification of psychology licensure to another state                      | \$ 10            |
| (8) Application fee for endorsement as a health service provider in psychology | \$100            |
| (9) Duplicate wall license   | \$ 10            |
| (10) Professional corporation registration application                         | \$ 25            |
| (11) Professional corporation registration renewal                             | \$ 20 biennially |

(b) Candidates required to take the national examination for licensure shall pay a fee directly to a professional examination service in the amount set by the examination service.

(c) Upon approval by the board, applicants applying for additional time in which to take the national examination because English is their second language shall pay to the board the following:

- |                         |       |
|-------------------------|-------|
| (1) Double time         | \$100 |
| (2) Time and one-half   | \$75  |
| (3) Extra one-half hour | \$50  |

(*State Psychology Board; 868 IAC 1.1-12-1.5; filed Nov 21, 2001, 10:26 a.m.: 25 IR 1181*)

#### **868 IAC 1.1-12-2 Examination and certification fees (Repealed)**

Sec. 2. (*Repealed by State Psychology Board; filed Sep 19, 1985, 4:00 pm: 9 IR 290*)

#### **868 IAC 1.1-12-3 Renewal fees (Repealed)**

Sec. 3. (*Repealed by State Psychology Board; filed Sep 19, 1985, 4:00 pm: 9 IR 290*)

#### **868 IAC 1.1-12-4 Duplicate license or renewal cards**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 4. (a) Upon receipt of satisfactory evidence that a renewal card has been lost, stolen, mutilated, or destroyed, the board may issue a duplicate renewal card upon such conditions as the board may prescribe and payment of the required fee.

(b) A duplicate wall license to practice psychology in Indiana will be issued upon written, verified request and payment of the required fee. The request shall state the address(es) at which the license will be used.

(c) Psychologists licensed and practicing in the state of Indiana must register the address(es) of all of their offices located within the state with the board within thirty (30) days after the establishment of such offices and notify the board within thirty (30) days after the closing of each office. (*State Psychology Board; Rule 13.4; filed Jul 13, 1979, 9:07 a.m.: 2 IR 1136; filed Jun 13, 1986, 10:00 a.m.: 9 IR 2929; filed Nov 22, 1993, 5:00 p.m.: 17 IR 763; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

## Rule 13. Health Service Providers

### 868 IAC 1.1-13-1 Health service provider in psychology; definition (*Repealed*)

Sec. 1. (*Repealed by State Psychology Board; filed May 8, 1992, 5:00 p.m.: 15 IR 1962*)

#### 868 IAC 1.1-13-1.1 Definitions

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1

Sec. 1.1. (a) The definitions in this section apply throughout this rule.

(b) "Diagnosis" means the process by which the nature and extent of an individual's mental and/or behavioral disorder is ascertained and assessed. The process of diagnosis may involve various methods which include interviews, mental status examination, administration of psychological tests, and review of historical and documentary data relating to the patient.

(c) Endorsement as a health service provider in psychology is required, by definition of the practice of psychology (IC 25-33-1-2(a)(2)), for all licensed psychologists who engage in the diagnosis and treatment of mental and behavioral disorders with the exception of:

(1) psychologists working under supervision as required under section 3(c) of this rule in order to obtain endorsement as a health service provider in psychology; or

(2) psychologists who hold a limited license issued under IC 25-33-1-18.

(d) "Experience in a supervised health service setting" means psychological experience in the diagnosis and treatment of mental and behavioral disorders, in a setting which by purpose and design delivers such services.

(e) "Health service provider in psychology" is a title conferred by endorsement upon Indiana psychologists who have training and experience sufficient to establish competence in an applied health service area of psychology (such as clinical, counseling, or school psychology) and who meet the experience requirements of IC 25-33-1-5.1(c).

(f) "Mental and behavioral disorders" means those conditions which exist when behavior, signs, or symptoms conform to one (1) or more of the generally accepted diagnostic categories used in the mental health field.

(g) "Treatment" refers to the provision of psychotherapy, counseling, consultation, environmental management, or any other form of planned intervention to an individual or individuals for the purpose of alleviating diagnosed mental and/or behavioral disorders. (*State Psychology Board; 868 IAC 1.1-13-1.1; filed May 8, 1992, 5:00 p.m.: 15 IR 1960; errata filed May 15, 1992, 5:00 p.m.: 15 IR 2257; filed Nov 22, 1993, 5:00 p.m.: 17 IR 764; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

### 868 IAC 1.1-13-2 Health service provider in psychology; preceptorship (*Repealed*)

Sec. 2. (*Repealed by State Psychology Board; filed Dec 15, 1989, 5:00 p.m.: 13 IR 898*)

### 868 IAC 1.1-13-2.1 Health service provider in psychology; preceptorship

**Authority:** IC 25-33-1-3; IC 25-33-1-5.1

#### Affected: IC 25-33-1-5.1

Sec. 2.1. (a) A psychologist who received a doctoral degree in clinical psychology, counseling psychology, school psychology, or other applied health service area in psychology before September 1, 1983, and who has not had a formal internship experience, may satisfy one (1) year of the two (2) year supervised health service setting experience requirement under IC 25-33-1-5.1(c) by successfully completing a preceptorship program. The preceptorship will be accepted as meeting the requirement of one (1) year of experience in an organized health service training program. The preceptorship program must be established as follows:

(1) Consist of at least one thousand eight hundred (1,800) hours of clinical, counseling, or school psychology work experience.

(2) Consist of at least one hundred (100) hours of face-to-face individual supervision of the individual by a psychologist, at least fifty (50) hours of which must involve the diagnosis of mental and behavioral disorders and at least fifty (50) hours of which must involve the treatment of mental and behavioral disorders.

(3) Be completed in a health service setting that provides services in the diagnosis and treatment of mental and behavioral disorders.

(4) Be under the supervision of a psychologist who, if practicing in Indiana, is endorsed as a health service provider in psychology under Indiana law or, if not practicing in Indiana, has credentials substantially equal to those required for endorsement as a health service provider in psychology under Indiana law.

(5) Be completed within two (2) years after the date the program is started.

(b) Applicants for completion of a preceptorship program must submit an application to the board in the form and manner prescribed by the board.

(c) In addition to the completion of the preceptorship, the individual must provide evidence of the completion of one thousand eight hundred (1,800) hours within a twenty-four (24) month period of supervised experience as a psychologist in a health service setting as defined in section 1 of this rule [*Section 1 of this rule was repealed filed May 8, 1992, 5:00 p.m.: 15 IR 1962.*]

(d) The supervisor of any training and experience under this section may not be an employee or spouse of the supervisee or be engaged in any other dual relationship with the supervisee. (*State Psychology Board; 868 IAC 1.1-13-2.1; filed Dec 15, 1989, 5:00 p.m.: 13 IR 897; filed Nov 22, 1993, 5:00 p.m.: 17 IR 764; filed Feb 8, 1995, 2:00 p.m.: 18 IR 1479; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### 868 IAC 1.1-13-3 Supervised experience

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1

Sec. 3. (a) At least one (1) year of supervised experience must be in an organized health service training program that is an internship which must consist of a minimum of one thousand five hundred (1,500) clock hours of experience occurring within a twenty-four (24) month period and which must:

(1) have approval of the psychology faculty of the applicant's academic program;



(2) consist of an organized, integrated series of training and educational experiences;

(3) include sufficient psychologists (at least the equivalent of two (2) full-time psychologists) to provide supervision;

(4) be designed to include a minimum of two (2) interns in the program per year;

(5) be declared and publicized by the internship site as an internship on a yearly basis;

(6) include one (1) psychologist who has been clearly designated as director of training or chief psychologist in charge of the program; and

(7) provide that all psychologists responsible for case supervision must be licensed or certified psychologists by the state in which the program is located.

(b) An organized health service training program, in contrast to supervised experience, a practicum, or on-the-job training, must be designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is *[sic., are]* assuring the breadth and quality of training.

(c) In addition to the supervised experience in an organized health service training program required under subsection (a), at least one (1) year of supervised experience must have been obtained after the doctoral degree in psychology was conferred. A minimum of one thousand six hundred (1,600) clock hours of supervised experience must be obtained within a consecutive sixty (60) month period, but not less than twelve (12) months, and meet the following requirements:

(1) At least nine hundred (900) hours of the one thousand six hundred (1,600) hour requirement must consist of direct patient contact by the applicant. Direct patient contact may be with individuals or groups of patients.

(2) A minimum of one (1) hour per week of individual face-to-face supervision must be provided on-site in the office of the supervisor, or in another suitable place within the professional setting over which the supervisor has professional responsibility. The supervisor must be a psychologist who is endorsed as a health service provider in psychology under Indiana law or, if not practicing psychology in Indiana, who meets the criteria for endorsement as a health service provider in psychology as defined under Indiana law.

(3) The supervisor of any training and experience obtained under this section may not be an employee of the supervisee or an independent contractor whose services are paid for by the supervisee.

(4) A supervisee shall carry out the supervisee's psychological activities in the office of the supervisor or in some other suitable professional setting over which the supervisor has professional responsibility. All psychological activities of the supervisee shall be subject to the supervisor's concurrence. When conflicts arise, these must be resolved to the satisfaction of the supervisor. The supervisee is responsible for providing sufficient and appropriate information to the supervisor regarding the supervisee's professional activities.

(5) Supervision of others by the applicant will not count toward the nine hundred (900) hour requirement of direct patient contact.

(6) Teaching and research will not count toward the nine hundred (900) hour requirement of direct patient contact.

(7) An applicant's personal therapy will not count toward the one thousand six hundred (1,600) hour requirement.

*(State Psychology Board; 868 IAC 1.1-13-3; filed May 8, 1992, 5:00 p.m.: 15 IR 1960; filed Aug 24, 1993, 5:00 p.m.: 17 IR 10; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)*

#### **868 IAC 1.1-13-4 Application**

**Authority: IC 25-33-1-3**

**Affected: IC 25-33-1**

Sec. 4. (a) Any person seeking endorsement as a health service provider in psychology must apply on such form and in such manner as the board shall prescribe.

(b) All applicants will be required to provide verification of experience in an organized health service training program (internship). Verification of the internship shall be provided on a form supplied by the board or a photocopy thereof. The verification form shall be completed and signed by the director of training of the internship. If the director of training is not available for completion of the verification form, for good cause shown, another psychologist associated with the internship may complete the form. The applicant shall notify the board in writing if a supervisor is not available and the reason therefore.

(c) The internship verification form shall include the following:

- (1) Name and address of the agency providing the training program (internship).
- (2) A description of the internship's patient population.
- (3) The exact beginning and ending dates of the applicant's training in the internship.
- (4) An indication of whether or not the internship was accredited as an internship by the American Psychological Association.
- (5) The number of hours per week the applicant worked in the internship setting.
- (6) The number of hours per week the applicant received direct, face-to-face supervision from the identified supervisor and from other licensed or certified psychologists employed by the internship program.
- (7) The exact beginning and ending dates of the supervisor's supervision of the applicant.
- (8) A brief description of the applicant's internship experience while under the supervisor's supervision.
- (9) A brief statement by the supervising psychologist describing the psychologist's professional qualifications.
- (10) The total number of hours of supervised experience completed by the applicant.
- (11) A statement by the supervisor indicating whether or not the internship was satisfactorily completed.
- (12) The signature of the supervisor attesting to the truthfulness of the statements made on the form.

(d) All applicants will be required to provide verification of at least one (1) year of post degree supervised experience in a health service setting. Verification of this experience shall be provided on a form supplied by the board or a photocopy thereof. The verification form shall be completed and signed by each psychologist who provided supervision to the

applicant during the post degree supervised experience. If a supervisor is not available for completion of the verification form, for good cause shown, the program director or another psychologist associated with the post degree experience may complete the form. The applicant shall notify the board in writing if a supervisor is not available and the reason therefore.

(e) The verification form for the post degree supervised experience shall include the following:

- (1) Name and address of the setting in which the experience was obtained.
- (2) A description of the setting's patient population.
- (3) The exact beginning and ending dates of the applicant's experience in the setting.
- (4) The number of hours per week the applicant worked in the setting.
- (5) The number of hours per week the applicant received direct, face-to-face supervision from the supervisor.
- (6) The exact beginning and ending dates of the supervisor's supervision of the applicant.
- (7) A brief description of the applicant's experience while under the supervisor's supervision.
- (8) A brief statement by the supervising psychologist describing the psychologist's professional qualifications.
- (9) The total number of hours of direct patient contact by the applicant.
- (10) The total number of hours of supervised experience completed by the applicant.
- (11) A statement by the supervisor indicating whether or not the supervised experience was satisfactorily completed.
- (12) The signature of the supervisor attesting to the truthfulness of the statements made on the form.

(State Psychology Board; 868 IAC 1.1-13-4; filed May 8, 1992, 5:00 p.m.: 15 IR 1961; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

#### **Rule 14. Disciplinary Actions**

##### **868 IAC 1.1-14-1 Costs in disciplinary actions**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1-3; IC 25-33-1-13.1

Sec. 1. Persons who have been subjected to disciplinary sanctions by the board of examiners in psychology shall be responsible for the payment of costs of such disciplinary proceedings including, but not limited to, costs for:

- (1) court reporters;
- (2) transcriptions;
- (3) certifications; notarizations;
- (4) photoduplication;
- (5) witness attendance and mileage fees;
- (6) postage for mailings required by law;
- (7) expert witnesses;
- (8) depositions.

(State Psychology Board; 868 IAC 1.1-14-1; filed Nov 10, 1987, 9:25 am: 11 IR 1296; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

#### **Rule 15. Continuing Education**

##### **868 IAC 1.1-15-1 "Category I continuing education courses" and "Category II continuing education activities" defined**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 1. (a) As used in this rule, "Category I continuing education courses" includes the following:

- (1) Formally organized courses.
- (2) Workshops.
- (3) Seminars.
- (4) Symposia.
- (5) Postdoctoral institutes.
- (6) Home study programs, including approved computer, audio, and video instructional programs, designed by board-approved organizations and subject to board verification and approval procedures, not to exceed ten (10) credit hours per license period.

(b) As used in this rule, "Category II continuing education activities" includes the following:

- (1) Journal clubs, colloquia, invited speaker sessions, in-house seminars, and case conferences that are specifically designed for training or teaching.
- (2) Programs offered at professional or scientific meetings that are relevant to psychology.
- (3) Individualized learning, including:
  - (A) approved audio and video instructional programs;
  - (B) formal professional supervision; and
  - (C) preparation for teaching or creating formally organized courses, workshops, seminars, symposia, postdoctoral institutes, books, articles, or home study programs on the diagnosis and treatment of mental and behavioral disorders for health care professionals, not to exceed ten (10) credit hours per license period.

Individualized learning does not include administrative supervision.

(State Psychology Board; 868 IAC 1.1-15-1; filed May 10, 1994, 5:00 p.m.: 17 IR 2339; filed Apr 24, 2000, 12:13 p.m.: 23 IR 2242; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

##### **868 IAC 1.1-15-2 "License period" defined**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 2. "License period" means the two (2) year period beginning on September 1 of even-numbered years, and every two (2) years thereafter. (State Psychology Board; 868 IAC 1.1-15-2; filed May 10, 1994, 5:00 p.m.: 17 IR 2339; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)

##### **868 IAC 1.1-15-3 Credit hours**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 3. Credit hours shall be awarded as follows:

- (1) A course presented by a college under a regular curriculum is awarded one (1) credit hour for each lecture hour attended.
- (2) Colloquia, invited speaker sessions, in-house seminars, and case conferences that are specifically designed for training or teaching are awarded one (1) credit hour for each hour attended.

(3) Attendance at a meeting of a journal club is awarded one (1) credit hour for each hour attended.  
(4) Individualized learning that is provided by an approved organization is awarded the same number of credit hours given to courses provided by a college. If the approved organization does not assess credit hours to a course under this subdivision, the course is awarded one (1) credit hour for each hour of study material.

(5) Individualized learning in the form of formal professional supervision must be approved by the board and is awarded one (1) credit hour for each hour of supervision. Only face-to-face individual supervision is eligible for continuing education credit.

(6) The following are awarded one (1) credit hour for each hour attended:

- (A) Programs offered at professional or scientific meetings that are relevant to psychology.
- (B) Formally organized courses.
- (C) Seminars.
- (D) Symposia.
- (E) Postdoctoral institutes.
- (F) Workshops.

(7) Courses in the management of the business aspects of the practice of psychology do not qualify for continuing education credit.

*(State Psychology Board; 868 IAC 1.1-15-3; filed May 10, 1994, 5:00 p.m.: 17 IR 2339; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)*

#### **868 IAC 1.1-15-4 Approved organizations**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 4. The following organizations are approved organizations for the purpose of sponsoring continuing education courses without making further application to the board:

- (1) American Association for Behavior Therapy.
- (2) American Association of Marriage and Family Therapists.
- (3) American Association on Mental Deficiency.
- (4) American Association of Sex Educators, Counselors, and Therapists.
- (5) American Board of Professional Psychology.
- (6) American Counseling Association.
- (7) American Medical Association.
- (8) American Orthopsychiatric Association.
- (9) American Psychiatric Association.
- (10) American Psychological Association.
- (11) American Group Psychotherapy Association.
- (12) Association for Advancement of Behavior Therapy.
- (13) Association of State and Provincial Psychology Boards.
- (14) Feminist Therapy Institute.
- (15) National Association of Social Workers.
- (16) Rational-Emotive Institute.
- (17) Society for Sex Therapy and Research.
- (18) Society of Behavioral Medicine.
- (19) Council on Postsecondary Education.
- (20) Federal, state, and local governmental agencies.

(21) Joint Commission on Accreditation of Healthcare Organizations.

(22) United States Department of Education.

(23) A national psychological association.

(24) A national, regional, state, district, or local organization that operates as an affiliated entity under the approval of any organization listed in subdivisions (1) through (23).

(25) A college or other teaching institution accredited by the United States Department of Education or the Council on Postsecondary Education.

*(State Psychology Board; 868 IAC 1.1-15-4; filed May 10, 1994, 5:00 p.m.: 17 IR 2339; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896)*

#### **868 IAC 1.1-15-5 Application for approval as continuing education sponsor**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 5. (a) Individuals or organizations applying for approval as sponsors of Category I continuing education courses must submit a written application for approval at least thirty (30) days prior to the date of the individual's or organization's presentation of a program for continuing education credit. Programs presented:

- (1) prior to the receipt of approval; or
- (2) after the withdrawal or termination of approval of the individual or organization;

by the board shall not count toward continuing education requirements.

(b) The written request for approval shall include the following:

- (1) The name of the sponsoring individual or organization.
- (2) The address and telephone number of the individual or organization.
- (3) The following for organizations:

- (A) A description of the specific purposes for which the organization was formed.
- (B) For each individual in the organization with direct responsibility for the training activities of the organization, a vita or resume listing all educational and relevant work experience.

(4) For individuals, a vita or resume listing all educational and relevant work experience.

(5) A list of each educational program presented or sponsored by the individual or organization for one (1) year prior to the date of the request for approval.

(6) For each program listed under subdivision (5), the following:

- (A) The date and location of the program.
- (B) A brief summary of the content of the program.
- (C) The name and the academic and professional background of the lecturer.
- (D) The number of clock hours of continuing education credit granted by a state licensing or similar regulatory authority for the program.

(7) A description of the course evaluation technique utilized for all educational programs.

(8) A sample of the certificate awarded for the completion of all educational programs, if available.

(9) A list of all programs anticipated to be presented or sponsored during the requested approval period, if available.

(10) A description of the procedure to be utilized for monitoring and documenting attendance.

(c) The individual or organization is responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

(d) Approval of the individual or organization will be valid for a maximum period of two (2) years. The individual or organization is responsible for applying to the board for approval.

(e) Continuing education courses may be evaluated after presentation or participation if a written request is submitted in the form and manner required by the board. (*State Psychology Board; 868 IAC 1.1-15-5; filed May 10, 1994, 5:00 p.m.: 17 IR 2340; filed Apr 24, 2000, 12:13 p.m.: 23 IR 2242; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-6 Application by psychologist for approval of credit hours**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 6. If a psychologist applies for approval of a course the psychologist attended which was not previously approved by the board, the psychologist must submit the following:

- (1) The name of the sponsor.
- (2) A description of the course as produced by the course sponsor.
- (3) The date and location of the course.
- (4) The names of all presenters and their credentials.
- (5) Verification of attendance.
- (6) The number of hours for which credit is requested.

(*State Psychology Board; 868 IAC 1.1-15-6; filed May 10, 1994, 5:00 p.m.: 17 IR 2340; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-7 Verification of attendance**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 7. Organizations or individuals approved to offer Category I continuing education courses shall provide each attendee with verification of attendance which shall include the following:

- (1) A record of the number of hours spent in the continuing education course.
- (2) The name of the course or a description of the subject matter presented.
- (3) The name of the sponsoring organization or individual.
- (4) The date and location of the program.

(*State Psychology Board; 868 IAC 1.1-15-7; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-8 Application of credit hours**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 8. Credit hours may be applied only toward the credit hour requirement for the license period during which the credit hours are earned. (*State Psychology Board; 868 IAC 1.1-15-8; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-9 Renewal**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-1-5.1; IC 25-33-1-10; IC 25-33-2

Sec. 9. (a) The board will deny renewal of the license of a psychologist who has received a health service provider endorsement under IC 25-33-1-5.1(c) and who fails to comply with this rule.

(b) If a psychologist has not complied with the continuing education requirements for the license period, the psychologist shall acquire the required number of credit hours prior to renewal of the psychologist's license.

(c) Credit hours acquired by a psychologist under this section shall not apply to the credit hour requirement for the current license period in which the credit hours are acquired. (*State Psychology Board; 868 IAC 1.1-15-9; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-10 New licensees**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-1-5.1; IC 25-33-2

Sec. 10. If a new license holder, who has received health service provider endorsement under IC 25-33-1-5.1(c), is licensed during the first year of the biennial continuing education period, he or she is required to complete only twenty (20) hours of continuing education for renewal. If a new license holder is licensed during the second year of the biennial continuing education period, he or she will be exempt from meeting the continuing education requirement for the first license renewal. (*State Psychology Board; 868 IAC 1.1-15-10; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

#### **868 IAC 1.1-15-11 License period; number of hours required**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 11. (a) During each two (2) year license period, a psychologist endorsed as a health service provider in psychology must complete at least forty (40) hours of continuing education of which at least twenty (20) hours must be in Category I courses.

(b) A psychologist may not earn more than twenty (20) Category II credit hours toward the requirements under this section.

(c) Effective for the license period beginning September 1, 2002, and every license period thereafter, a psychologist must earn at least six (6) hours of continuing education in ethics, a minimum of three (3) hours of which must be Category I courses. (*State Psychology Board; 868 IAC 1.1-15-11; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; filed Apr 24, 2000, 12:13 p.m.: 23 IR 2243; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896; filed Oct 9, 2001, 4:30 p.m.: 25 IR 812*)

#### **868 IAC 1.1-15-12 Renewal; form required**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-1-5.1; IC 25-33-2

Sec. 12. An application for renewal of a license must contain a sworn statement signed by the licensed psychologist who has received a health service provider endorsement under IC 25-33-1-5.1(c) attesting that the psychologist has fulfilled the continuing education requirements under IC 25-33-2. (*State Psychology Board; 868 IAC 1.1-15-12; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; filed Apr 24, 2000, 12:13 p.m.: 23 IR 2243; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

**868 IAC 1.1-15-13 Monitoring of programs; noncompliance; requirements for reinstatement**

**Authority:** IC 25-33-1-3; IC 25-33-2-5

**Affected:** IC 25-33-2

Sec. 13. The board may monitor or review any continuing education program previously approved by the board and upon evidence of significant variation in the program presented from the program approved, or if the board determines that the sponsor does not otherwise meet the requirements of this rule or IC 25-33-2, the board shall:

- (1) provide written notification to the organization or individual of the noncompliance specifying the items of noncompliance and the conditions of reinstatement; and
- (2) deny credit hours awarded by the organization from the time that the organization receives a notice until the date of reinstatement.

(*State Psychology Board; 868 IAC 1.1-15-13; filed May 10, 1994, 5:00 p.m.: 17 IR 2341; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)

**868 IAC 1.1-15-14 Continuing education; license invalid for more than 3 years**

**Authority:** IC 25-33-1-3

**Affected:** IC 25-33-1-10

Sec. 14. (a) In order to comply with IC 25-33-1-10(d)(3), the holder of a license that has been invalidated under IC 25-33-1-10 for more than three (3) years must submit proof of having completed a total of twenty (20) clock hours of continuing education for each year or partial year of delinquency.

(b) The continuing education must be relevant to the psychologist's area of practice.

(c) For purposes of this section, continuing education may not include courses in practice management.

(d) Continuing education shall be counted from the date of the invalidation of the certificate to practice psychology.

(e) Verification of completion of the continuing education hours must be supplied by the program to the board in the form of a certificate of attendance or transcript of credit earned. (*State Psychology Board; 868 IAC 1.1-15-14; filed May 10, 1994, 5:00 p.m.: 17 IR 2342; readopted filed Apr 23, 2001, 11:30 a.m.: 24 IR 2896*)